2411 N. Charles Street, Baltimore

3434

CERTIFICATE OF DEATH

1. PLACE OF DEAT COUNTY Ba.	n. ltimore	MARYLAND	2. USUAL RESIDENCE (I		
OR give neares	corporate limits, write RUR t town) LVndon	AL and LENGTH OF STAY (in 3his place)	OR Glyndo		and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R 70	Road	STREET ADDRESS But	(If rural, give local	tion)
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE (Mon	th) (Day) (Year)
(Type or Print)	Edward		llender	OF DEATH Apri	1 29,1951 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 1 00WE 0	March 8,1868	83 yrs. 1	f under 1 year If under 24 hrs. If under 24 hrs. Hours Min.
done during most of	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRELL	Baltimore C	0.	12. CITIZEN OF WHAT
13. FATHER'S NAM	ME		14. MOTHER'S MAIDEN		
Thomas	L.Allender		Rebecca	Hiser	
15. WAS DECEASED E	EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT		
(Yes, no, or unknown)	(If yes, give war or dates service) NONE	None	Fletcher All	ender, Reist	erstown, Md.
		18. MEDICAL CE			
1 DISEASES OF C	ONDITIONS DIRECTLY	LEADING TO DEATH		1	INTERVAL BETWEEN
I. DISEASES UK C	ONDITIONS DIRECTED	ZEADING TO BEATH	1.		ONSET AND DEATH
Immedia	to cause (a)	muocardi	us - cn	romes	10124
Immedia	ie cause		12000	and the sales	
	nt cause(s)	vyssez 1	mbe adapa	1 par	-1 2 ps 31
Diseases or	conditions, if any, (b)	20 - 2 - 1	- Nove - 12	the desired in the second	olus,
93 destating the	underlying cause last	Justin	agring the		7
, 0	(c)		001.		
Conditions contrib related to the dise	ICANT CONDITIONS outing to the death but not ase or condition causing deat				
19a. DATE OF OPE	ERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, father fattory, street, office bidg.,	(CITY OR T		UNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCORRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
22. I hereby cer	tify that I attended th	e deceased from	35, to4-2	9-, 195/, that I	last saw the deceased
Palive on A.	27 , 195/ , an	d that death occurred at	ADDRESS from the	causes and on the d	ate stated above. DATE SIGNED
Some L	1 Laffell	m. 6 R	cistus los	mo	5/1/57
BURIAL, CREM NEMOVAL (Spe	(dify) May 2, 19	951 All-Saint	S	OCATION (City, town, Reistersto	wn, Md.
DATE REC'D BY		SIGNATURE	24. FUNERAL DIRECTO		ADDRESS
REG.4-30-	SI Mary	B. Sline.	J.F.Eline &	Sons, Reiste	rstown, Md.
And the second s					



VS A15A

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

3435

I. PLACE OF DEATH / / .	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Ballimore MARYLAND	STATE Mary and Bounty	imore.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
TOWN TURA White Hall (In this place)	TOWN Ry val - White H	- //
HOSPITAL OR	STREET (If rural, give location)	1//
INSTITUTION OR D	ADDRESS 72	
STREET ADDRESS D/uemoun [.	D/yemoun!	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	DEATH TOPIX	9 195!
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		year If under 24 brs.
Male White WIDOWED DIVORCED (Specify Married	1/1 / / / / / Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 19b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT
Daone during most of working life, even if retired) Haustry		SUNTRY?
(an) Operator Dione Guarry	Hottmanuille. N.a.	1,017.
13. FATHER'S NAME	MOTHER'S MAIDEN NAME	
Lhomas E. Baker.	Kattie Florstead	,
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	LIT-INFORMANT	10.1
(Yes, ay, or unknown) (If yes, give war or dates of	1700 in Bakaya - YII lita Hall	HAN DO
	The state of the s	11111 - 10-10-
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATS
Immediate cause (a) Cononary Co	aucon	2/7/20
1/001		
Antecedent cause(s)		
Diseases or conditions, if any, (b)	**************************************	40 00 07 08 000 00 00 00 000000000000000
9 4 stating the underlying cause last		
(e)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20, AUTOPSY?
INDIAN DATE OF OF BRATION 1860 MANUAL TIME DINGS OF OF BRATION		
	CO-ENV AND ENDING	Yes No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
CAUSE OF DEATH. INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while INJURY m. work at work		
INJURY m. work at work		
22. I certify that I took charge of the remains described above, held on A	Autopsy . Inspection A. Inquiry T thereon and	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stoted obove, and death in my	opinion resulted
from: natural causes A; accident [], suicide [], homicide [],	am dataumin ad	•
SIGNATURE (Degree or title)	undetermined [].	
Diditalione	ADDRESS	DATE SIGNED
7		DATE SIGNED
a. M. France M.D.	Larhton nd.	TATE SIGNED
23 BURIAL CREMATION DATE THEREOF NAME OF CEMETE		4/8/51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 1. 12 (04) D. OF CEMETE	ADDRESS A CREMATORY LOCATION (City, town, or count,	4/8/51
23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE GREMOVAL, (Specify) April 13. 1951 Pine Gro	ADDRESS A CREMATORY LOCATION (City, town, or count,	4/8/51
23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS A CREMATORY MOCATION (City, town, or count, be E. U. B. Parkton Balta.	4/9/5/ (State) Ca, Md.
23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE BREMOVAL (Specify) DATE RECT BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS A CREMATORY MOCATION (City, town, or count, be E. U. B. Parkton Balta.	4/9/5/ (State) Ca, Md.
23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS A CREMATORY MOCATION (City, town, or count, be E. U. B. Parkton Balta.	4/9/5/ (State) Ca, Md.

BUREAU V. S.

death

PLAINLY, WITH US sespecially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3436 Reg. Dist. No.....

1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED-STATE Baltimore Baltimore COUNTY MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and (in this piace) Woodlawn OR give nearest town) TOWN Woodlawn STREET (If rural, give location) HOSPITAL OR ADDRESS INSTITUTION OR 5512 Hutton Ave. 5512 Hutton Ave. STREET ADDRESS (Middle) (Last) 4. DATE (Month) 3. NAME OF DECEASED (First) (Day) (Year) Ball William Apr. 1951 Edward DEATH (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. | Months. | Days | Hours | Min. 6. COLOR OR RACE 5. SEX May 2.1878 Male White 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired)

Output

Ou INDUSTRY COUNTRY? Elec.Co Md. 14. MOTHER'S MAIDEN NAME Stephen Ball Louise Joiner 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If year, give war or dates of service) Sp Amer 212-05-4775A Mrs.Rose E.Ball 5512 Hutton Ave. Ves 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗌 No N 21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) (Specify) INJURY HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) Not While While at INJURY Work At work 1957, to Of 1957, that I last saw the deceased 22. I hereby certify that I attended the deceased from. alive on A, 192, and that death occurred at 3.0 ...m., from the causes and on the date stated above. ADDRESS (Degree or title) DATE SIGNED SIGNATURE 23. BURIAL, CREMATION REMOVAL (Specify) BUR13. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE (State) Woodlawn -26-1951 Lorraine Md REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL G. Howard Strong 3207 W North Ave., Da

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3438

I. PLACE OF DEATH			2. USUAL RESIDENCE (H	COUNTRY	
CITY (Itil-	Baltimore corporate limits, write RURA	MARYLAND AL and LENGTH OF STAY	Maryla	nd. te limits, write RURAL and giv	
OR give nearest TOWN	Fort Howard	91 (in this place)	OR Baltim		e nearest town)
HOSPITAL OR		inistration Hosp.	STREET ADDRESS 2500 W	(If rural, give location) oodbrook Avenue	/
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	EDWARD	L.	BOOKER	OF DEATH April	9 19 57
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	9-1-96	9. AGE last birthday If under Months	Days If under 24 hrs. Hours Min.
done during most of v	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Charlotte Co.		COUNTRY? USA
13. FATHER'S NAM Unknown			Betty Mae Byr		
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, ny egunknown)	(If yes, give war or dates of	Unknown	Clin.Rec.,Vet	.Adm. Hosp., Ft. How	ard.Md.
		18. MEDICAL CE			1
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Diseases or giving rise t stating the u	nt cause (a)	TUBERCUIOSIS, CHRO	ONIC, PULMONARY,	FAR ADVANCED	UNKNOWN
Conditions contribu	uting to the death but not use or condition causing deat	ARTERIOSCIEROT:	IC HEART DISEASE		UNKNOWN
		INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COUNTY)	Yes O No (STATE)
HOMICIDE TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	OUR?	
		e deceased from Jan. 8 d that death occurred at			
TRVING FR	EENAN, M. D.	ACTING CHIEF, MED	TCAT. SERVICE. VA	H. FORT HOWARD. W	D. 4-9-51
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THEREO	NAME OF CEMETE	RY OR CREMATORY L	OCATION (City, town, or count Baltimore, Maryl	y) (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS
7/10	1311 10-10	1 Fearles	IMTS. Samuel T.	Hemsley 578 W.	
6		my.	94050	Haltimore, M	aryland

2411 N. Charles Street, Baltimore

3437

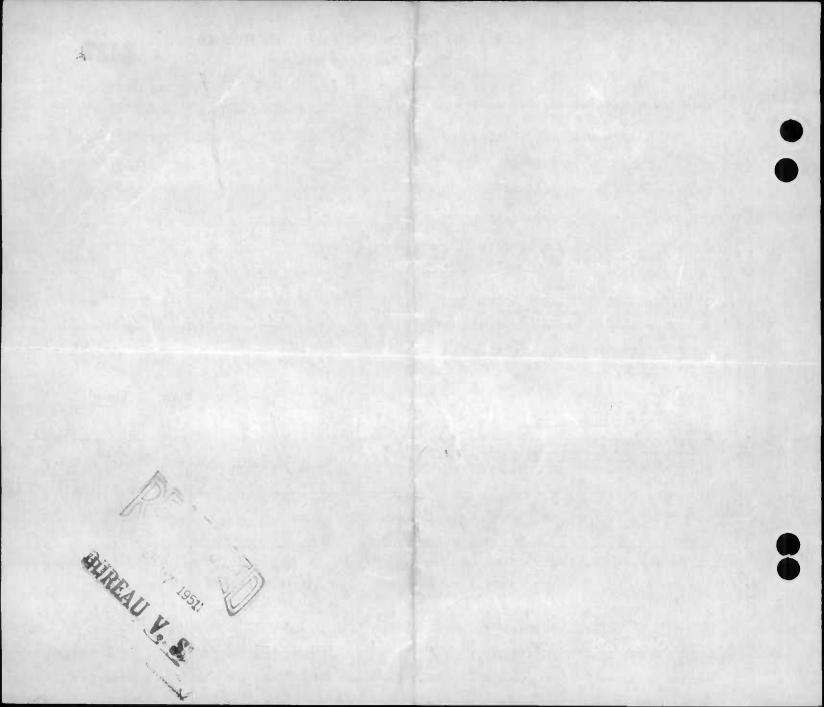
CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY	STATE QUE COUNTY RAVIA
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	July Dura.
	OR CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN () () () () () () ()	TOWN (Dels Les 14 11)
HOSPITAL OR	STREET (// (If rural, give location)
INSTITUTION OR SOLVER SAN	ADDRESS () A A A A A
STREET ADDRESS JULY GOODING.	" Hurwood, Vec.
3. NAME OF (First) (Middle)	(Last)/ 4. DATE (Month) (Day) (Year)
(Type or Print) / The Charles (Tull)	2030/100111 DEATH 4-13 1971
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	
WIDOWED. DIVORCED.	8. DATE OF BIRTH 9. AGE last birtbday If under 1 year If under 24 hrs. Months Days Hours Min.
WIDOWED, DIVORCED, (Specify)	1 10 - 7 - 1-100 d. 8 yra. Months Days Home Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, evon if fetired) INDUSTRY	FIRETA TO COUNTRY COUNTRY
13. FATHER'S NAME 7 O (1)	14. MOTHER'S MAIDEN NAME
is talliers waste of	14. MOTHERS MAIDEN NAME OF
Will Wilhelm	I Wastan CONROLL !
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT AND ADDRESS ()
(Yes, no, or unknown) (If yes, give war or dates of	The ward Bouller I have allow
	CONTROL OF THE CONTROL OF THE STATE OF THE S
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
	// A ONSET AND DEATE
They was to	Heart Disease 2 410
Immediate cause (a)	a you
573 Antecedent cause(s)	T
Antecedent cause(s) Diseases or conditions, if any, (b)	- POLOR - not active at time
giving rise to the above cause	of death.
a stating the underlying cause last	7. D.
(c) (ATALAC)	UV (hoses) renal & Hepatic, 6 MAS
II. OTHER SIGNIFICANT CONDITIONS	Crook of the state
Conditions contributing to the death but not	++ in = (8-28-51-1 On
related to the disease or condition causing death.	rue c urema ans duke.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes D No by
21. ACCIDENT (Specify)) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	18.6
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR.
OF While at Not While Not While Work At work	
INJUNE AT WORK	J
22. I hereby certify that I attended the deceased from Feb.	
22. I hereby certify that I attended the deceased from	1040 4 4-12-1051
	, 1949, to 4-13, 1951, that I last saw the deceased
	1949, to 4-13, 1951, that I last saw the deceased
	3: 50. Am., from the causes and on the date stated above.
	19.49, to 4.3, 19.51, that I last saw the deceased
	ADDRESS DATE SIGNED
alive on 4 - 13 - 1951, and that death occurred at 8 SIGNATURE: (Degree or title)	3. 50. Am., from the causes and on the date stated above. DATE SIGNED O. 3105 N. Charles St. 18. 4-13-51
alive on 4 - 1.3 - 19.5 , and that death occurred at 8 SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	3. 50. Am., from the causes and on the date stated above. DATE SIGNED O. 3105 N. Charles St. 18. 4-13-51
alive on 4	ADDRESS from the causes and on the date stated above. DATE SIGNED 3105 N. Charles St. 18. 4-13-51
alive on 4. 1.3. 19.5.1, and that death occurred at 8 SIGNATURI: 23. BURIAL, CREMATION DATE THE RESOFT NAME OF CEMETER REMOVAL (Specify) 4. 16-5	A. 50. Am., from the causes and on the date stated above. DATE SIGNED 3105 N. Charles St. 18. 4-13-5/ RY OR CREMATORY LOCATION (City, town, or county) (State)
alive on 4. 1.3, 19.5.1, and that death occurred at 8 SIGNATURE. 23. BURIAL, CREMATION DATE THE NEOF NAME OF CEMETER 4.16.5 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	3. 50. Am., from the causes and on the date stated above. DATE SIGNED O. 3105 N. Charles St. 18. 4-13-51
alive on 4. 1.3. 19.5.1, and that death occurred at 8 SIGNATURI: 23. BURIAL, CREMATION DATE THE RESOFT NAME OF CEMETER REMOVAL (Specify) 4. 16-5	A. 50. Am., from the causes and on the date stated above. DATE SIGNED 3105 N. Charles St. 18. 4-13-5/ RY OR CREMATORY LOCATION (City, town, or county) (State)
alive on 4. 1.3, 19.5.1, and that death occurred at 8 SIGNATURE. 23. BURIAL, CREMATION DATE THE NEOF NAME OF CEMETER 4.16.5 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	A. 50. Am., from the causes and on the date stated above. DATE SIGNED 3105 N. Charles St. 18. 4-13-51 RY OR CREMATORY LOCATION (City, town, or county) (State)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3439

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH. COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	7
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town) Wood STOCK, (in this place)	TOWN PURAL- WOODSTOCK M	P
HOSPITAL OR INSTITUTION OR STREET ADDRESS WOODS TOCK COLLEGE	STREET (If rural, give location)	
3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) JEV WILLIAM. J. 131803	19AN J. J - DEATH APRIL	27 195
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Copedity	About 1864 86. yrs. Months.	1 year If under 24 hrs. Days Hours Mln.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, oven if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY? SHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If year, give war or dates of service)	WOODSTOCK RECORD	3
18. MEDICAL CER	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Uremia		4 Days
450.0 Antecedent cause(s)		U
Diseases or conditions, if any, (b) arternoscleros	is annial Fibrillation	
59 July giving rise to the above cause stating the underlying cause last (c) Pulmonary	dema	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		** *** *** *** ***********************
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
2. ACCIDENT (Caralla) DIACE (Hans farm factors attack	COMPA OF BOWN	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	e.
INJURY m. Work At work		-
22. I hereby certify that I attended the deceased from	2, 19 to ap 22, 19.5, that I last se	w the deceased
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Harold H Burns mo 11	8 C. Cage St. Baltimore mo	ap 23, 1951
23. BURIAL, CREMATION DATE NAME OF CEMETER	The state of the s	y) (State)
APRIL-25-51 WOODS TOL		SAKEGE
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	13 EMERAL DIRECTOR	ADDRESS
7/1/2	1015 1016	W.C.
, , ,	009846 1216 112	

VS. (A15.)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3440

CERTIFICATE OF DEATH

I. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASE	D.
COUNTY		MARYLAND	Maryland		Baltimore
OR give nearest	orporate limits, write RUR.	AL and LENGTH OF STAY (in this place)	TOWN Ellicott	/ .	L and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R SS River Ros	ıd	STREET ADDRESS River R	(If rural, give lo	cation)
3. NAME OF DECEASED (Type or Print)	(First) George I	(Middle) Bernard Brown, Sr	(Last)		onth) (Day) (Year) 15-51 19
s. sex Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) LOOWET	8. DATE OF BIRTH 5-22-1875	75 yrs.	If under 1 year If under 24 hrs Mooths. Days Hours Min.
done during most of w	ATION (Give kind of work corking life, even if retired)	10b. Kind of Business on Industry Roads	Ellicott Cit;	y,Md	12. CITIZEN OF WHAT COUNTRY?
John H.	Œ		Alberta Stul		
15. WAS DECRASED E	VER IN U.S. ARMED FORCES (If year, give war or dates of service)	16. Social Security No.	17. INFORMANT AND William Brown		, Md
I. DISEASES OR CO	e cause (a)	LEADING TO DEATH Candine France			INTERVAL BETWEEN ONSET AND DEATH
Diseases or giving rise to stating the u	conditions, if any, (b) to the above cause underlying cause last ICANT CONDITIONS ting to the death but not see or condition causing deat	Interior laste Para	lio-Vascular 2	Disease	4 years
		FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	rown) (C	OUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby cert alive on SIGNATURE	The amount	d that death occurred at (Degree or title)	/ '		DATE SIGNED
23. BURIAL, CREM REMOVAL (Spec	ATION DATE	st. Johns		Ellicott C:	ity, Mâ.
DATE REC'D BY REG. 4/17/	LOCAL REGISTRAR'S	Signature	F.C. Higinboth		City, Md.
17.7		6		1/200	19=10



correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED-1. PLACE OF DEATH. COUNTY COUNTY Maryland Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY OR give nearest town)
TOWN Fort Howard 100 that place) Baltimore 30 TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS Vet.Adm. Hosp., Ft. Howard, Md. ADDRESS 934 S. Sharp Street (Middle) 4. DATE (Month) 3. NAME OF (First) (Last) (Day) (Year) DECEASED **JAMES** BROWN April 19 1951 Ε. DEATH (Type or Print) 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) MATTINGO, S. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. 6. COLOR OR RACE Months | Days | Hours | Min. Male Colored 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? Ann Arundel Co., Md. USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Auen Brown Susan Williams 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of Yes 217-03-1695 Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH CARCINOMA, RIGHT LUNG UNKNOWN Immediate cause Antecedent cause(s) NONE Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS NONE Conditions contributing to the death but not related to the disease or condition causing death. 198. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No 🗆 (CITY OR TOWN) PLACE (Home, farm, factory, street, OF office bidg., etc.) (COUNTY) 21. ACCIDENT (Specify) (STATE) SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that Wattended the deceased from Jan. 9 , 1951, to April 19, 1951, TOXINITED TO STATE OF THE PROPERTY OF SIGNATURE . Freeman (Degree or title) ADDRESS irving freeman, m. d., acting chief, medical service, vah, fort howard, md. 4-19-51 23. BURIAL, CREMATION | DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) 151 23 Baltimore National Baltimore, Maryland

WRITE

PLEASE

DATE REC'D BY LOCAL

REG.

REGISTRAR'S SIGNATURE

I said & Os

ADDRESS

123 W. Montgomery Street

Maryland

24. FUNERAL DIRECTOR

Roland A. Brown

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

					•
1. PLACE OF DEATH			2. USUAL RESIDENCE (
Balt	imore	MARYLAND	STATE Marvla	and	DUNTY
CITY (If outside co	orporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL	and give nearest town)
OR give nearest TOWN FORT	Howard	(in this place) 290 dva	OR TOWN Baltimo	re	
HOSPITAL OR			STREET	(If rural, give locat	lon)
STREET ADDRES	Vets .Adm . Hos	sp.Ft.Howard, Md.	ADDRESS 17 S.	High St.	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month	h) (Day) (Year)
DECEASED (Type or Print) W			(220)	OF	מו לים
5. SEX	6. COLOR OR RACE	NML) BROWN 7. SINGLE, MARRIED,	8. DATE OF BIRTH		11-51 19 under 1 year If under 24 hrs
Male	white	(Specify) Married	3-25-99	52 yrs. M	ontha Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work		11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
beer truck	orking life, even-if retired)	Drewery	Anjamy Oneg		USA USA
13. FATHER'S NAM			Apiary Oreg.	NAME	10042
Willia	m Brown	_	Trene Loma		
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES	3? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates service)	of 213-07-0237			1 77 2 2
169	ises vice) IIII -	18. MEDICAL CE	Clinical Rec. Ve	ELS AGM HOSD F	L. Howard, Md.
			RIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
7 21 4	(a) F	ulmonary Tuberculo	nsis Bil fan A	dura nood	
Immediate	cause (L)A	manoral J. Luber Cully	Source Torr W	TAGTICEC	unknown
Anteceden	t cause(s)				
	onditions, if any, (b)		79 10		
	nderlying cause last				
	(c)				
	tlng to the death but not				
	e or condition causing deal	FINDINGS OF OPERATION			L OO A VYTO POTTO
ISE. DALE OF OLE	MATION 180. MINSONS	FINDINGS OF OFERENION			20. AUTOPSY?
a. AGGYDENM	(I) (I) I DY A	CE (II - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			Yes No Z
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office hldg., etc.) URY	(CITY OR	rown) (cou	NTY) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work			
22. I hereby certi	fy that attended th	e deceased from 6-27	19.50, to 4-14	19.51 XXXXXX	A KANANA MANANA
SIGNATURE	NONNE CONTRACTOR at	d that death occurred at 2.3 (Degree or title)	ADDRESS from the	causes and on the da	te stated above. DATE SIGNED
		AH FT. HOWARD, MD.		nes	4-14-51
23. BURIAL, CREMA REMOVAL (Special		NAME OF CEMETE Balto Nation		LOCATION (City, town, or 501 Frederick	
DATE REC'DABY	LOCAL REGISTRAR'S		24. FUNERAL DIRECTO		ADDRESS
REG. 4/6	157 a	0) 1-1 0	Blight Funeral		
1		15	Mildred	· Blight	83 -681

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3443 Reg. Dist. No. 3 P

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Baltimore MARYLAND	maryland Baltimore
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
Town Towson	Town Towson
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS 520 Park Avenue	520 Park Avenue
3. NAME OF (First) (Middle) DECEASED DOLAND	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) RULAND T	BURKE DEATH April 27, 1951 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
	Sept. 18, 1880 70 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WEAT COUNTRY?
Commission Merchant Wholesale Produce	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alonzo J. Burke	Georgianna Kroh
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
No service) None I None	Mrs. Roland T. Burke, 520 Park Ave., Towso
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a) ACUTE CORON	ARY OCCLUSION FEW MINUTES
, , , , , , , , , , , , , , , , , , , ,	MAC CCCCONTON
420,0 Antecedent cause(s)	DOCCUSION: HYPERTENSIVE AND 4 MOS
Diseases or conditions, if any, (b)	OCCUSION: HYPERTENSIVE AND 4 MOS
atating the underlying cause last ARTERIO SCLEROT	10 HEART DISEASE.
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m, While at Not While Work At work	
	- 50 April 51
22. I hereby certify that I attended the deceased from DECEMENT	19.30, to MP. 19.31, that I last saw the deceased
alive on APRIL 26 1951 and that death occurred at 8	20 P. m. from the causes and on the date stated shove
alive on APRIC 26, 1951, and that death occurred at &	
Margall of Name ille and & 2!	5-W. Coma ave. 4/27/51
Sometime of the second	lowson 4, 1/30
	hodist Cemetery Cockeysville, Balto.Co., Md.
	24. FUNERAL DIRECTOR ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	John Burns' Sons, Towson, Maryland
1/30/51 a w march	Townson, Townson, -drj. Land
// //	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. RLEASE VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

3444

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	0.11
CITY (If outside corporate limits, write BURAL and LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give	nearest towo)
TOWN Tullenan 19 yrs"	TOWN FULLEY TON	
HOSPITAL OR INSTITUTION OR STREET ADDRESS ORK Summit Ave	ADDRESS Oak Summit	Ave
3. NAME OF DECEASED (First) M(First) J(Middle) Type or Print) M(Chael Joseph 7	(Last) 4. DATE (Mooth)	(Day) (Year)
(Type or Print) VICUACI VISEDN T. S. SEX 6. COLOR OR PLACE 7. SINGLE, MARRIED.	DEATH DEATH 9. AGE last birthday If under 1	year If under 24 hrs.
WIDOWED, DIVORCED, (Specify) WATER	2-20-1876 71 yrs. Months	Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work) 10s. Kind of Business or done during most of working, life, even if retired) INDUSTRY		CITIZEN OF WHAT
13. FATHER'S NAME Peter Burne	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	- 1
(Yes, no, or unknown) (If yes, give war or dates of 716 03 0985	Mrskate Byrne -Osksum	mit have
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1.4.1.1.41	ONBET AND DEATH
Immediate cause (a) Head Musical, M	yordiney, chime, alimpuselled	141+
H22.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Li V	hukurun
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		-
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
91 DYDDDNAL GAVOD WAG		Yes D No D
21. EXTERNAL CAUSE WAS PRIMARY GROWTH OF Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY m. INJURY occurrence Not while work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remoins described obove, held an A obtained by said Autopsy, Inspection or Inquiry, find that said december of the control causes . occident □, suicide □, homicide □, SIGNATURE.	ased died on the day stated above, and death in my o	rom the evidence pinion resulted DATE SIGNED
Hollinto. Hudson Mat.	U.M.E. Iowson Md.	4/8/51
DEMOVAL (Sussile)	RY OR CREMATORY LOCATION (City, town, or county	Ma (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24 EURECTOR CONS. 53.05 Ho	ADDRESS PA
	1//	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3445

1. PLACE OF DEATH-		2. USUAL RESIDENCE (HOME) OF DECEASED.	,
13a (TO	MARYLAND	Md Isalto	
CITY (If outside corporate limits, write RUR. OR give nearest town)	AL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN OYN-CY	33	TOWN COYNEY.	
HOSPITAL OR INSTITUTION OR	0	STREET (If fural give location)	
STREET ADDRESS Hayford Rd	, Carney	Harford Rd. Cornell.	rid.
3. NAME OF (First)	(Middie)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Aux	M. C.	arney DEATH april	30 1951
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,		I year If under 24 hrs. Days Hours Min.
FVV	WIDOWED, DIVORCED, (Specify) May 2 is d	Oct. 9-1402 48 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work)	10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired)	INDUSTRY Home	Cecil. Co.	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	7017
Was . Murray		Mary E. Marray	
15. WAS DECOASED EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of service)		Mr. RADT. E. Carnell Har Ford R.	1 CATHEUMS
	18. MEDICAL CEI		
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	N	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY	Complete to gentle	6/1 1. 1. 1. 1. 1.	ONSET AND DEATH
Immediate cause (a)	eneror.	repelley.	
	11/		
Antecedent cause(s) Diseases or conditions, if any, (b)	IN Devien	sun -	
giving rise to the above cause	1D An	/	** ** ** ** ** ** ** ** ** ** ** ** **
8 300 stating the underlying cause last	- to for 18	emplegia -	
(e) 11. OTHER SIGNIFICANT CONDITIONS	College -		
Conditions contributing to the death but not			
related to the disease or condition causing deat			20. AUTOPSY?
198. Date of Orbitalion 198. Million 1	and of or or or or		
21. ACCIDENT (Specify) PLAC	CE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF INJU	office bidg., etc.)		(SIAIE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m.	Work At work		
22. I hereby certify that I attended the	e deceased from	, 19, to, 19, that I last s	aw the deceased
alivo en	d that death commend at	m., from the causes and on the date sta	tod above
SIGNATURE	(Degree or title)	ADDRESS,	DATE SIGNED
Taring Angelow	2 //	6 06 000 14	
Louis J Talla	1//	z enace ex.	
23. BURIAL, CREMATION DATE THERECOREMOVAL (Specify)	Pay KINDS	1	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S		24. FUNERAL DIRECTOR	ADDRESS
REG. 4/20/5 RW	pedeck	Luzzulin Fames of Home IV > 1 Bel	in Rd.
	317	The state of the s	
	V / V		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3446

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY Saltinge	MARYLAND	2. USUAL RESIDENCE (STATE Md.	HOME) OF DECEASE	COUNTY Balterine
CITY (If outside corporate limits, write RUR OR give nearest town).	AL and LENGTH OF STAY (in this place)	CITY (If outside corpor OR TOWN Reister	rate limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chromine R	oad	STREET ADDRESS Chromi	(If rural give loss	ation)
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mor	nth) (Day) (Year)
(Type or Print) MARGARET	/RENE	CHALK	DEATH APA	14 12 1951
5. SEX 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH	9. AGE last hirthday	If under I year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	May 17, 1859 11. BIRTHPLACE (State Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
I3. FATHER'S NAME	1 00 21000	14. MOTHER'S MAIDEN	NAME	
John Keener		Susan Griffi	th	
15. WAS DECEASED EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT	. 411	+
(Yes, no, or unknown) (If yes, give war or dates aervice)			Bennett - Chro	mine Rd. Reisten
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
	PULMONARY EDEN	- 0		48 hrs
A A Arthur .				
Antecedent cause(s)	ARTERIOSCLEROTIC - H	Var Dra		
Diseases or conditions, if any, (b)	AMERIOSCLEROTIC - N	TPERIENSIVE CA	RDIO VASCULA	R ZYRS
giving rise to the above cause stating the underlying cause last DIS	ERSE			
(c)				
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing deat 	th.			•
19a. DATE OF OPERATION 19b. MAJOR				20. AUTOPSY?
				Yes 🗆 No 🔽
21. ACCIDENT (Specify) PLA SUICIDE OF INJU	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR	TOWN) (CC	OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
22. I hereby certify that I attended th		195/ to APRI	∟/2 : 1957 . that 1	last saw the deceased
alive on APRIL. 12, 195/, an SIGNATURE	d that death occurred at (Degree or title)	ADDRESS	causes and on the	late stated above. DATE SIGNED
Martin E. Strobel	mD.	59 HANOVER RD.		
23. BURIAL, CREMATION DATE THÈRE REMOVAL (Specify) Apr. 14.	1951 Greenmoun	t Cem.	Balto. Md.	
DATE REC'D BY LOCAL REGISTRAR'S REQ. 13 J	SIGNATURE	24. FUNERAL DIRECT	Jener Y Sor	13- Callo MI
	125	1 /4	V V	

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. J. d

1. PLACE OF DEATH- COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED-	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	masining cons D. C.	
OR givo nearest town) Catonsville (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town OR TOWN Washington, D. C.	a)
HOSPITAL OR House in the Pines INSTITUTION OR 16 Fusting Ave, Catonsville	STREET ADDRESS 2219 Wisconsin Ave, N. W.	~
3. NAME OF (First) (Middle) DECEASED (Type or Print) Aglae Josephine Cha	(Last) 4. DATE (Month) (Day) OF DEATH April 11	(Year) 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 1 year Months Days Hours North Days If under 1 year If under	er 24 hrs
10m. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	11. BIRTHPLACE (State or foreign country) New Orleans, La. 12. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAME Eugene Violland	14. MOTHER'S MAIDEN NAME Aglae Josephine Phiffer	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	o B. Chamberlin 1300 Southwiew Road Baltimore, Md	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BOOKET AND	
Immediate cause (a) Megocardial	Varafficiency. 12	~
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	andio-Varenda Discuso 103	2.
73 d stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	57	٦.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOP Yes 🗆	SY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATI	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY nn. INJURY At work	HOW DID INJURY OCCUR?	
മ മ		
22. I hereby certify that I attended the deceased from Cel. 1.0	, 1950, to Office 11, 1951, that I last saw the dece	eased
alive on Office (0, 1951, and that death occurred at a SIGNATURE) (Degree or title)		
alive on April 10, 19.51, and that death occurred at 12 (Degree or title)	ADDRESS ADDRESS 4-11-5	NED
alive on Open 10, 19.5%, and that death occurred at 20 (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 1/13/51 Arlington Name of Cemeter Arrived Name of Cemeter Nam	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS AT IN THE CAUSES and on the date stated above. DATE SIGNATURE OF THE COUNTY APPLICATION (City, town, or county) AT Ington, Va.	
alive on Office 10, 19.57, and that death occurred at 20 (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	ADDRESS DATE SIGNATURE OF CREMATORY LOCATION (City, town, or county) (St	NED

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Baltimore MARYLAND	STATE	ore
CITY (If outside corporate limits, write RURAL and CENGTH OF STAY OR give nearest town) (in this place) TOWN La tonsville Length OF STAY (in this place) Year's	OR TOWN Catonsville	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 103 Hilton Ave.	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Clifford Warren Chapman	(Last) 4. DATE (Month) OF DEATH April 5.	(Day) (Year) 1951
5. SEX male 6. COLOR OR RACE Whowled, Married, (Specify) married	8. DATE OF BIRTH 9. AGE last birthday If under I Months 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working ille, even if retired) Professor of Pharmacology Industry	11. BIRTHPLACE (State or foreign country) 12. London, Ontario	CITIZEN OF WHAT OUNTRY? Anada
John Farmer Chapman	Minnie George	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Effie W. Chapman Catonsvil	Avenue le. Md.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (2)	Declusion	ONSET AND DEATH
420 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Declusion Lexio-solorons	14eer
giving rise to the above cause last stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from alive on I	10. 20 m., from the causes and on the date state	
SIGNATURE (Degree or title)	ADDRESS 20 E. Preston St., Balto., Md.	DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 4 - 9 - 51 Mount Pleas	ant LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	John O.Mitchell & Sons, Inc1900	
	MISTACLER 013888	imore, Md.

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

2411 N. Charles Street, Baltimore

OPPOPIEIO AME OF DEAMI

GERTIFICA	ALE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY
CITY (If outside corporate limits swite RIBAL and I LENGTH OF S	TAY CITY (If outside corporate limits, swite DIDAT and give recreet town)
OR give nearest town) TOWN Fort Howard 25 days	e) OR TOWN Baltimore 18
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Vet.Adm. Hosp., Ft. Howard, Md.	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) RUBERT (NMI)	CHAPMAN DEATH April 20 151
6. COLOR OR RACE 7. SINGLE, MARRIED	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs ED, Months Days Hours Min.
Male Colored WIDOWED, DIVORCE (Specify) Marrie	
done during most of working life, even if retired) INDUSTRY	COUNTRY?
Baker Baker	Keethstree, S.C.
I3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Eddie Chapman	Annie Jane (MN) unknown
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY N	IO. 17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of Unknown	Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md.
	AL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) BILATERAL PULM	ONARY ABSCESSES UNKNOWN
58/X	
Antecedent cause(s) Diseases or conditions, if any, (b) LEFT CEREBRAL	INFARCT UNKNOWN
2 / giving rise to the above cause	TOTAL TOTAL CONTROL OF THE PROPERTY OF THE PRO
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATI	ON 1 20. AUTOPSY?
198. DATE OF OPERATION 188. MAJOR FINDINGS OF OPERATI	
DY ACE VII.	treet, : (CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, a OF office bidg., etc.) HOMICIDE INJURY	treet, (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. While at Not While Work At work (
VA	
22. I hereby certify that I attended the deceased from Mar.	ch. 26, 1951, toApril20., 1951., that delect on the deressed
SICNATURE (Degree or title)	at 5:10 P. m., from the causes and on the date stated above. ADDRESS DATE SIGNED
C. B. COPE, M. D.	VAH. FORT HOWARD. MARYTAND)-21-51
23. RURIAL CREMATION DATE THEREOF NAME OF CE	METERY OR CREMATORY LOCATION (City, town, or county) (State)
REBUILIA (Specify) 4/26//95/ Baltimon	re National Baltimore, Marvland
DATE REC'D BY LOCAL (KEWISTRAR'S SIGNATURE,	24. FUNERAL DIRECTOR ADDRESS
REG 1/23/5/ 1/20 / Heduch	Mrs. Katie R. Williams 322 N. Schroder
= 11 1 1 1 Dm	St., Baltimore, Ma.
	500 836

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

3450

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY BAITA MARYLAND	STATE AND BULLO COUNTY	
STTY (If putside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limets, write BURAL and giv	e nearest towo)
TO gi e nearest own) (in this place)	TOWN Oaskerde	
HOSPITAL OR	STREET (If ru al give location)	
INSTITUTION OR STREET ADDRESS E. Joppa Rd.	ADDRESS E. Johns Rd	
3. NAME OF (Middle)	(Last) 4 DATE (Month) /	(Day) (Year)
(Type or Print)	alman DEATH Adril	10 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	year If under 24 hrm.
WIDOWED, DIVORCED, (Specify) Mary	Feb 5-1903 48 vm. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	, , , , , , , , , , , , , , , , , , , ,	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U O A
1 3 11 -	B.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of	5 141 1 51	DI THE
service)	Mrs. Raymend, Chatman. E. Jopp	a. Ra Balton
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	// . //	ONBET AND DEATH
Next live	enemany orchusing sudden	0.11.
Immediate cause (a) Translate	Crarrie of Contract of Contract	my
Antecedent cause(s)		11/1
Diseases or conditions, if any, (b)		Marks marin
Discussed of Contrictions, it may; (D) or consequently and the second		Janes divining
O L giving rise to the above cause	A	
94 or giving rise to the above cause stating the underlying cause last	A	
94 or giving rise to the shove cause stating the underlying cause last (c)		Anna Carlotte and the second
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
94 or giving rise to the shove cause stating the underlying cause last (c)		1 20 AUTOPSY?
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY?
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	(CITY OR TOWN) (COUNTY)	Yes No B
giving rise to the shove cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY OR CONTRIBUTING OF Office bidg., etc.)	(CITY OR TOWN) (COUNTY)	
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giving rise to the shove cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while		Yes No B
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11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bidg., etc.) 1. Office bidg., etc.) 1	HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry thereon and justed died on the day stated above, and death in my	Yes No EY (STATE)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) OF office bidg., etc.) OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OFFICE While at Not while INJURY OF OFFICE While at Not while work At work 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes	HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry thereon and justed died on the day stated above, and death in my undetermined .	Yes No EY (STATE) from the evidence opinion resulted
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11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) OF office bidg., etc.) OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OFFICE While at Not while INJURY OF OFFICE While at Not while work At work 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes	HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry thereon and justed died on the day stated above, and death in my undetermined .	Yes No EY (STATE) from the evidence opinion resulted
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giving rise to the shove cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Work At work OF INJURY 22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes Accident Acc	HOW DID INJURY OCCUR? Autopsy [], Inspection [], Inquiry [] thereon and pased died on the dry stated above, and death in my undetermined []. ADDRESS OME RY OR CREMATORY LOCATION (City, town, or count	from the evidence opinion resulted DATE SIGNED (State)
String rise to the shove cause stating the underlying cause last	HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry to thereon and pased died on the day stated above, and death in my undetermined . ADDRESS RY OR CREMATORY LOCATION (City, town, or count of the day of	from the evidence opinion resulted DATE SIGNED 4 (0/5/y) (State)
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2411 N. Charles Street, Baltimore

	CERTIFICAT	E OF DEAT	Reg. Di	lst. No
1. PLACE OF DEATH.		2. USUAL RESIDENCE (H		
COUNTY Balto.	MARYLAND	STATE md.	C	OUNTY Balts
CITY (If outside corporate limits, write RUR. OR give nearest town)	AL and LENGTH OF STAY (In this place)	CITY (If outside corporat	e iimits, write RURAL	and give nearest town)
TOWN OUSON	35 US	TOWN / OU	2000	
HOSPITAL OR INSTITUTION OR STREET ADDRESS UMR. RA	1.	STREET ADDRESS GOV	(If rural, give locat	tion)
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mont	h) / (Day) (Year)
(Type or Print)	H. (laiborne	DEATH APP	i/ 26 1951
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) (widowed)		O. AGE last birthday If	under 1 year If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
linknoun		ankno	un	
15. WAS DECRASED EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT		
(Yes. no, or unknown) (If yes, give war or dates of service)	218-01-9871	Essie Wat	Pairs)	
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY	D /			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	mongene	umoney	/ . /	6 days
Antecedent cause(s) Diseases or conditions, if any, giving the to the above cause station the underlying cause last	Cardio-renal	-rascular d	weare, of	mie dyas
stating the underlying cause last				0
11. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death hut not related to the disease or condition causing deat	h.			
19a. DATE OF OPERATION 19b. MAJOR I				20. AUTOPSY?
				Yes No D
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR TO	OWN) (COI	UNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
		1-1 /1 1	1 -1	
22. I hereby certify that I attended the	e deceased from	, 192, to/1/201	6, 195, that I	last saw the deceased
	d that death occurred at	- 05		
alive on	d that death occurred at (Degrae or title)	ADDRESS	causes and on the d	DATE SIGNED
SIGNATURE // /	1.1	67	111.1	4/26/
(Lollin To.	Hudton Mis	· I wil	on my	7/26/51
23. BURIAL, CREMATION DATE THEREOREMOVAL (Specify)	NAME OF CEMETE	-t Rest	OCATION (City, town, o	or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S				
O DEC .	SIGNATURE	24. FUNERAL DIRECTOR	1	ADDRESS
The REG. od - 19 CI Kills	SIGNATURE	24. FUNERAL DIRECTOR	10m. a. 12	ADDRESS COLOR
april 28-1951 P.11.	SIGNATURE	J. FUNERAL DIRECTOR	ran fr. 17	ADDRESS OF M.C. Culloh J
ignie 28-1951 F.VI.	SIGNATURE	J. Clahr	ranh 17.	ADDRESS Colloh J

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co MARGIN RESERVED FOR BINDING

VS. A15

correct age

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MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

3451

	neg. Dist.	10.47
1. PLACE OF DEATH- COUNTY Balta. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUN	TY A OF
OR give nearest town) OR OR Give nearest town) OR O	CITY (If outside corporate limits, write RURAL and OR TOWN Kingston PK,	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 176 Kingston Park.	ADDRESS /7 6 /Kingston	PK
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) OF	(Day) (Year)
male 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify) Francisco	8. DATE OF BLOTH 9. AGE last birthday II und Month	er I year If under 24 h
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		12. CITIZEN OF WHA
13. FATHER'S NAME	11. MOTHER'S MAIDEN NAME Budget A	Juggan
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes no, or unknown) (If yes, give war of dates of service)	Josephine Clans	· (wike)
18. MEDICAL C	ERPHICATION (INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	00-0	CHEET AND DEAT
Immediate cause (a)	a ceusin	10 mi
120. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	ly reardiles.	
932 stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY!
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	. (CITY OR TOWN) (COUNT	Yes No E
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(COUNT	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?	***************************************
	Autopsy . Inspection . Inquiry Thereon and	d from the evidence
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said dec from: natural causes accident , suicide , homicide	eased died on the dry stated above, and death in my	y opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
10/1) Davis ma her her 2	ann Delledalle VI M	1 4/14/
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETI REMOVAL (Specify)	ERY OR CREMATORY LOCATION (City, town, or cou	inty) · (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 4/19/5/	John & Connelly	set 21,
	0 25 6/21	uli
	0/20/20/	

CERTIFICATE OF DEATH

in 18	shown	on:	· C	ERT	IFICAT.	E OF	DEAT
CIIM No. G	13	2 APR	6 1951	FOR	MEDICAL	EXAM	INERS

HILLIA CO T	JEATH UIN	TOR MEDICAL		reg.	Dist. No	
1. PLACE OF DEAT	Balta	MARYLAND	2. USUAL RESIDENCE (H	,	COUNTY	allo
OR give nearest		AL and LENGTH OF STAY (in this place)	IOWIN	sville		est town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R 303 Tha	cker an	STREET ADDRESS 303 I	hackery Ave	oration)	
3. NAME OF DECEASED (Type or Print)	(First) ADA	(Middie) B.	(Last) COSTER	OF DEATH Ap	onth) (Day ril 2,	19 51
female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED. DIVERCED (Specify)	Jan. 31, 1890	9. AGE last birthday 61 yrs.	If under 1 year Months Days	Hours Min.
	ATION (Give kind of work working life, even if retired)	10b. Kind of Business or Industry Insurance	Maryland 14. MOTHER'S MAIDEN Unknown		12. CITE COUNT	ZEN OF WHAT
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	7 16. SOCIAL SECURITY No. 215-01-5752	Mr. C. L.	Matthews - I	Ellicott	City, Md
1. DISEASES OR CO	e cause (a)	uicide. Barbitur				RVAL BETWEEN ET AND DEATE
Diseases or giving rise to stating the to stating the to stating the to stating the total	ICANT CONDITIONS uting to the death but not use or condition causing deat	Blood showed 50	0% of each (4/6/	51 ake)		***********************
21. EXTERNAL CA PRIMARY FOR CO CAUSE OF DEATH	IISE WAS I PLA	CO (Home, farm, factors, street, office bldg., etc.)	CITY OR T	OWN)	100	AUTOPSY? S No (3- (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) (12 17 2 m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OCC		lom	-4
obtained by sai from: notural SIGNATURE	id Autopsy, Inspection of l causes □, accident □ Kiffer M		Autopsy , Inspection to the day states undetermined ADDRESS	, Inquiry there d above, and death	in my opini	the evidence on resulted TE SIGNED
DATE REC'D BY	-/0/02	Greenmount		Balton (City, town	, 1	(State)
7-0-	0			35	0736	orvid-

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

ebrrect age

LEASE WRITE

rrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9	/1	5	1	
Ū	士	5	X	

CERTIFICAL	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: State County Count
How long in above place of death?	Cily or town
How long in hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL MANY Fauise Cr	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, minutes strongs.	MEDICAL CERTIFICATION 20. DATE OF DEATH CAPACITY 195/ nt /200
6.(b) Hame of husband or wife	21. I CERTIFY that death occurred on Wordate above stated: that I altended deceased from
7. Birth date of deceased (mo., day, yr.) March 78 th 195/	and that I last saw h A salive on Drawf 5 13 13 13 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18
8. AGE: Years Months Bays If less than one day	Sour mumous Sour
8. Strippiace	Due to
10. Usual occupation	Due fo
12. Name	Other conditions.
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations
\$1 15. Birthplace	Dele of op.
16. Informant	Antopsy results
Address 17 Burial Date thereof 4-17-57	22. VfOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Bufting	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 80 2 madison are	Organia ma
19. 4/16 18 57 awsternich	23. SIGNATURE M. U. 60 other

2411 N. Charles Street, Baltimore

3455

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
COUNTY Baltimore MARYLAND	STATE COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR givo nearest town Ft. Howard (in his place) TOWN TOWN	TownBaltimore
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR	ADDRESS 2319 Eutaw Place
STREET ADDRESS Veterans Administration Hos. 3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED	OF
	VTDSON DEATH April 26, 151
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
male white (Specify) single	1 6/11/92 1 58 yrs. 1 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Asst. Buver 13. FATHER'S NAME	Baltimore, Maryland IISA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Davidson	Adele P. Pollack
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of yes lservice) WII unknown	Vet Adm Hosp Clin Records Ft Howard Md.
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
1. DISEASES OR COMDITIONS DIRECTLY MEADER TO DESITE	
Immediate cause (a) ARTERIOSCIEROTIC HE	ART DISEASE UNKNOWN
Authorities of the control of the co	3 DAYS
Antecedent cause(s) Disease or conditions, if any, (b) CONGESTIVE HEART FA	
Diseases or conditions, if any, (b) CONVENTIVE TRAFFIT FA	
stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🖸 No 🛱
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	
TA TA	
22 I hereby certify that Kattended the deceased fromMarichl.	7, 19.51, to April26, 19.51., xtextxix decreased
aliveoux xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	240pm., from the causes and on the date stated above. ADDRESS DATE SIGNED
N.C. h. angual	1/07/73
	AH, FORT HOWARD, MARYLAND 4/27/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) April 29,1951 Baltimore B	ry OR CREMATORY LOCATION (City, town, or county) (State) ebrew Cemetery Beltimore Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
april 28 1951 R.W.	SOL IEVENSON & Bros 1126 W. North Ave.
There are the true	DUL TENENDUM & 22 - 1150 M. MOLIMI AAG.
	200/51

,	BALTIMORE HEALTH DEPARTMENT	160				
The	BIRTH NO. CERTIFICATE OF DEATH Registered N	0-3456				
THE STATE OF	1. NAME OF DECEASED (Type or Print)	745				
ADING information should be carefully supplied of death clearly and legibly.	3. PLACE OF DEATH: A. Baltimore City, Maryland (u.g. of Conference of Maryland) A. STATE DEATH VIOLENCE (Where deceased lived, If it is a state of the country of the co	nstitution: residence before admission)				
ins	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR					
fully ly.	Raspabar a	township)				
care egib]	Yrs. D. STREET ADDRESS (If fural, give location)					
be nd 1	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years)					
ould ly a	M W Married Feb-26-1897 54	ths Days Hours Min.				
n sh	work done during most of working life, even if retired) Night Watehman Property Sales Baltu. Co	12. CITIZEN OF WHAT COUNTRY?				
ratio	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	LSA				
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL 17 INSOPMANT					
of in	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. V.S. VV D. Id. VV D. 217-61-9999 Mrs. Leuis, Dobler = 401. King Av.	Balta Co Md				
Rem	18. CAUSE OF DEATH	INTERVAL BETWEEN				
# P#	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Chronic Myeloguous— 6445+					
Every write th	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ina				
	Z 204. ANTECEDENT CAUSES					
RESEI G INK.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	9				
GIN DIN ans:						
MARGIN H UNFADING Physicians: p	O THER SIGNIFICANT CONDITIONS CON-					
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
WITH rtant.	NO N	YES NO				
0	ш	ve exact location)				
INI NE	21b. TiME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?					
E PLAINLY, specially impo	m. WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from Jug -, 19 2, to 4 - 7 -, 1957	11-11-1				
TE	deceased alive on 4 - 7-, 1967, and that death occurred at pm., from the causes and on the					
E WRIT	23A. SIGNATURE C.B. Ever M.D. 23B. ADDRESS 7201 400 R Rd (3dlie)	23c. DATE SIGNED				
SE ag	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATOR 24D. LOCATION (City, town, or tion, removal (Specify)	or county) (State)				
PEASE correct ag	II DATE RECEIVED BY I REGISTRAR'S SIGNATURE 1 25 SUMERAL DIRECTOR	ADDRESS //				
五3	419151 Larrahu Ferrend Home 7401 B.	05 /1/10				

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3457

. Dist. No. 38

1. PLACE OF DEATH	•		2. USUAL RESIDENCE (H	OME) OF DECEASI	
COUNTY Bal	lto.	MARYLAND	STATE Md.		COUNTY
CITY (If outside co OR give nearest t TOWN	rporate limits, write RUR. town) ISON	AL and LENGTH OF STAY (in this place)	CITY (If outside corpora OR TOWN TOWSON	te limita, write RURA	AL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRES	C 2 3 7 1	er Ave.	ADDRESS	(If rural, give leaster Ave	ocation)
3. NAME OF	(First)	(Middie)	(Last)	1 4. DATE (M	onth) (Day) (Year)
(Type or Print)	LOUIS	H.	DOST	OF DEATH	April 18 19 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year If under 24 hrs. Months Days Hours Min.
male	white	(Specify) married	Feb. 12, 1872		
done during most of we	TION (Give kind of work prking life, even if retired)	10b. Kind of Business on Industry Own Grocery Bus	11. BIRTHPLACE (State or Germany	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Charles				Hofmeister	
	ER IN U.S. ARMED FORCES (If yes, give war or dates of		17. INFORMANT AND		
	service)		Mrs. Ida M. I	Oost - 531 H	Regester Ave.
		18. MEDICAL CE	RTIFICATION		V
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		arteriosclere	to do t	Henons	2 34.0
Immediate	cause (a)	will be the second	the thank	of wear	e syra.
420.0 Antecedent	onditions, if any, (b)	Coronary Th	brow Rosis	0 10000000 000 000 0 000000000000000000	1948.
93d stating the un	the above cause derlying cause last (c)	Througho blil	Lebition Potts	Cega.	1948.
related to the disease	ing to the death but not e or condition causing deat		Lt. Lund	7	1951.
19a. DATE OF OPER	ATION 19b. MAJOR I	INDINGS OPERATION			20. AUTOPSY? Yes □ No ☑
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	OWN) ((COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
22. I hereby certif	y that I attended the	e deceased from War 2	5, 19.51, to apr.	18, 19.5.1., that	I last saw the deceased
alive on a signaturi	7. 18, 1951 In	d that death occurred at.5	ADDRESS	causes and on the	e date stated above. DATE SIGNED
DANDIAL GREWA	Tobel Ho	M. D.	3105 M. Cho	OCATION (City, tow	4-19-51
23. BURIAL, CREMA REMOVAL (Specifical)	(y) 4/21/51	Loudon Par	k Cam/	Balton Md	
DATE REC'D BY L	OCAL REGISTRA'S	SIGNATURE	24. FUNERAL DIRECTOR	ickner	ADDRESS
			1	34h/	16 will My

3458

	TO CE DIVITE		
FOR MEDICAL	EXAMINERS	Reg. Dist. No	
1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) C STATE Maryland	COUNTY BE	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Dundalk-Turner Station		tion Dundalk	arest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 564 New Pittsburgh Ave.	STREET ADDRESS 542 New Pit	tsburgh Ave.	
3. NAME OF (First) (Middle) DECEASED (Type or Print) GREGORY 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		ATH April 24. 19	951 19
WIDOWED DIVORCED	Feb. 12. 19年	yrs.	Hours Mir
done during most of working life, even if retired) 13. FATHER'S NAME	11. BIRTH! LACE (State or foreign of the state of the sta	Md.	ITEY?
Farvis Dry not stated	Borothy Dry Namie		gytas
15. Was DECEASED EVER IN N.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. John Mills, 542	2 New Pittsburg	h Ave.
1 DISPASES OF CONDITIONS DIRECTLY LEADING TO DEATH			TERVAL BETWEE
Immediate cause (a) Lober pneumonia Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS			FERVAL BETWEE
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		20	AUTOPSY?
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	(CITY OR TOWN)	20	AUTOPSY?
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		On	AUTOPSY?
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY GOR CONTRIBUTING OF office hidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes occident , suicide , homicide , SIGNATURE (Degree or title)	(CITY OR TOWN) HOW DID INJURY OCCUR? utopsy , Inspection , Inqui used died on the day stated above, undetermined , ADDRESS	(COUNTY) Try thereon and from and death in my opin	AUTOPSY? (es X No (STATE) a the evidence nion resulted ATE SIGNED
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office hidg., etc.) (CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while m. work at work obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes occident , suicide , homicide , SIGNATURE (Degree or title)	(CITY OR TOWN) HOW DID INJURY OCCUR? utopsy , Inspection , Inqui used died on the day stated above, undetermined . ADDRESS Fleet St., Baltimore	(COUNTY) Try [thereon and from and death in my opin and death in my opin [] [] [] [] [] [] [] [] [] [AUTOPSY? (es X No (STATE) a the evidence nion resulted ATE SIGNED
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OF office hidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not while work at work 1 22. I certify that I took charge of the remains described above, held an American state of the contribution of the remains described above, held an American state of the contribution of the remains described above, held an American state of the contribution of the contribution of the remains described above, held an American state of the contribution of t	(CITY OR TOWN) HOW DID INJURY OCCUR? ulopsy X . Inspection []. Inqui	(COUNTY)	AUTOPS (es X 1 (STATE

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

					/
1. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (I	HOME) OF DECEASED.	v
	Baltimore	MARYLAND	Maryla	and	
CITY (If outside co	rporate limita, write RUR.	AL and LENGTH OF STAY		ate limits, write RURAL and gi	ve nearest town)
	Fort Howard	32 (in this place)	TOWN Dalli		
HOSPITAL OR INSTITUTION OF STREET ADDRES	Vet.Adm.Hosp	.,Ft.Howard,Md.	STREET ADDRESS 439 N	. Central Avenue	V
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	CLARENCE	(NMI)	DUPREE	DEATH April	24 1957
Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 4-5-17	9. AGE last birthday If under Months	Days Hours Min.
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. Kind of Business on Industry House	Wilson, S. (COUNTRY? USA
13. FATHER'S NAM	2		14. MOTHER'S MAIDEN	NAME	
John Dupre			Julia Green		
(Yes, no or unknown)	ER IN U.S. ARMED FORCES (If yes, give war or dates) (service)	17 16. SOCIAL SECURITY No. 250-07-3931	Clin.Rec., Ve	Address et.Adm.Hosp.,Ft.Ho	oward, Md.
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
		MEDIDACTE MAYTA			2 weeks
Immediate	cause (a)	NEPHROSIS, TOXIC		**************************************	Z WCCVO
Anteceden	t cause(s) conditions, if any, (b)	HEPATITIS, HONOLO	GOUS SERUM	**************************************	5 weeks
stating the u	nderlying cause last (c)	ANEMIA, ACQUIRED	HEMOLYTIC		4 weeks
11. OTHER SIGNIFI Conditions contribu related to the disease	CANT CONDITIONS ting to the death but not se or condition causing deat	ih.			
19a. DATE OF OPE		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🗆 No 🤼
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU		(CITY OR		(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
		1 Manah	22 - 27 . 4 7	01 1057	
		e deceased from March			
		d that death occurred at 2.	:25 A. m., from the	causes and on the date st	ated above. DATE SIGNED
4 THATMG FP	Thursh REEMAN, M. D.,	ACTING CHIEF, MED	ICAL SERVICE, V	AH, FORT HOWARD.	MD. 4-24-51
23. BURIAL, CREM. REMOVAL (Spec Removal	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	South Carolina	ty) (State)
DATE REC'D BY		SIGNATURE	24. FUNERAL DIRECTO		ADDRESS
7. 25/2-5/	5/ 14W	/ fedreel	Elroy O. Wil	son, 1000 Brantle	
		1/2-		Baltimore, M	arvland

2411 N. Charles Street, Baltimore

3461

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (H STATE Marylan	nd	COUNTY Bal	
CITY (If outside corporate limits, write RURA OR give nearest town) iddlerive:	L and LENGTH OF STAY (in this plece)	CITY (If outside corpora	river		t town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 34 B. West	way North	STREET ADDRESS 34 B.	(If rural, give lo Westway N		
3. NAME OF (First) DECEASED (Type or Print) Barbara	(Middle) J, Ell:	ifritz	OF DEATH Apr		(Year) 1951
5. SEX Female 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Jan.23.1951	9. AGE iast birthday yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Md, Gen, Hos		tim O DOWNTRY	U.S.A
13. FATHER'S NAME Earl E. Elli	fritz	Edith M			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	Mr Earl E.	Ellifritz	. (Fathe	er)
	18. MEDICAL CE	RTIFICATION			_
I. DISEASES OR CONDITIONS DIRECTLY I	LEADING TO DEATH Brown	ho preumo	nia-Bila		VAL BETWEEN AND DEATH
Immediate cause Antecedent cause(s) Discesses or conditions, if any, (h)	/dydroce	phalus.	***********************************	B	ith
570 giving rise to the shove cause stating the underlying cause last (c)	Spira	Bifida.			• 1
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not releted to the disease or condition ceusing death 	. I De	hydrotion	~~0		
19a. DATE OF OPERATION 19b. MAJOR F	INDINGS OF OPERATION			Yes 20. A	UTOPSY?
21. ACCIDENT (Specify) PLAC OF HOMICIDE INJU	E (Home, ferm, factory, street, office bldg., etc.) RY	Smefity or T	Bello	20 -	STATE
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?		
22. I hereby certify that I attended the					
alive on 195, 195, and	d that death occurred at	ADDRESS from the	causes and on the	date stated at	bove. E SIGNED
28 BURIAL CREMATION I DATE THEREO	SIT INAME OF CONTROL	RY OR CREMATORY L	OCATION (City, town	- he 4	(State)
REMOVAL (Specify) 4/22/195	Dryridge C	emetery	Mannschold	ce. Per	nna,
Carel 19,1951 REGISTRAR'S	SIGNATURE	Joun E.			d,
19 1 1:02 1-22 -2	11014				



The correct

2411 N. Charles Street, Baltimore

3462

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland	Y
CITY (If outside corporate limits, write RURA OR give nearest town) TOWN Dundolk		CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 47 E. Stans	bury Road.	STREET (If rural, give location) ADDRESS 47 E. Stansbury Road.	
3. NAME OF (First) DECEASED (Type or Print) CLARA	(Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) 5. SEX 6. COLOR OR RACE Female White	7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify)Married	8. DATE OF BIRTH 9. AGE last hirthday If under	2.1951 19 1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY At home	Baltimore, Md.	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Lewis T. Hopkins 15. Was Deceased Ever In U.S. Armed Forces	? 16. SOCIAL SECURITY NO.	Sarah E. MacFarland	
(Yes, no, or unknown) (If yes, give war or dates of No.	None	Mr Lewis A.Redford.17 W.Cross	St.
	18. MEDICAL CE	CRTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY	Chronic of Clendity	myrensditis	ONSET AND DEATE
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death			
19a. DATE OF OPERATION 19b. MAJOR F			20. AUTOPSY?
			Yes No
21. ACCIDENT (Specify) PLAC SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
		8, 19 4 5 to Apr. 12, 1951, that I last 1	
alive on Apr 11 1951, and SIGNAPURING & ofhen	d that death occurred at (Degree or title)	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	DATE SIGNED
23. BURIAL, CREMATION DATE THEREO REMOVAL (Specify) BURIAL 4/16/	51 Mt Olivet	RY OR CREMATORY LOCATION (City, town, or coun Baltimore, Md.	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR'S REGISTRAR'S REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR 24 m. Cook, Inc., 1217 fb. Pan	ADDRESS

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

eg. Dist. No.

		TOTO MILEDIONI	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	Reg. Dist. P	10
1. PLACE OF DEATI	A·		2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY	Baltimore	MARYLAND	STATE Maryla		N. M.C.
OR give nearest	orporate limits, write RUR.	AL and LENGTH OF STAY		ate limits, write RURAL and g	rive nearest town)
TOWN TOWN	fort Howard	1 hr. 40 min	TOWN Califo	rnia	
			STREET ADDRESS	(If rural, give location)	
STREET ADDRES	ss Vet.Adm.Hosp	.,Ft.Howard,Md.	AUDRESS	~	./
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	OTTO	н.	FELDMAN	OF April	. 30 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH		r 1 year If under 24 hrs
Male	White	WIDOWED. DIVORCED. (Specify) Widowed	1-20-12	27 yrs. \	Days Hours Min.
done during most of a	ATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
	rorking life, even if retired)	till employed	Woodbury Co.	, Iowa	U.S.A
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN		
Oscar Fel			Margaret Ghra	annert	
(Yes, no. of unknown)	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY No.	17. INFORMANT		
Yes	(If yes, give war or dates of service) WW II	Unknown	Clin.Rec., Ve	t.Adm.Hosp.,Ft.Ho	ward, Md.
		18. MEDICAL CE	RTIFICATION		1
1. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
	m	UDOIDOGTO DIGTIL	D A DOWNSE		
Immediate	e cause (a)	HROMBOSIS, BASILA	R ARTERI	TO STEVEN - GOV - OR OF - X - 7TO - 7517 - 77-000-000	UNKNOWN
337X Anteceder	nt cause(s)	N 3.40			
Diseases or o	conditinna, if any, (b)	ONE		70000000	4 4 6 - Depth 40 at 50000 at 60 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
830- stating the u	the above cause inderlying cause last				
	(c)				
II. OTHER SIGNIFI	CANT CONDITIONS	7774747			
related to the diseas	se or condition causing deat				UNKNOWN
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🔀 No 🛘
21. EXTERNAL CAL	USE WAS ONTRIBUTING OF	CE (Home, farm, factory, street, office hidg., etc.)	(CITY OR	TOWN) (COUNTY	Y) (STATE)
PRIMARY OR CO		IRY			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY OC	CCUR?	
INJURY	m.	work at work			
22 I cortifu that I	took charge of the rema	ins described above, held an A	Interval T Inspection	Inquiry [thereon and	from the evidence
obtained by said	d Autopsy. Inspection of	Inquiry, find that said dece	ased died on the day state	ed above, and death in my	opinion resulted
from: natural	causes . accident], suicide [], homicide [],	undetermined [].		4
SIGNATURE	Hair m	(Degree or title)	ADDRESS	1 20 1.	DATE SIGNED
1110	Davis 111	A NEW MEL	van - Delle	talk-1ky	11151
23. BURIAL, CREM.	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or cou	nty) (State)
REMOVAL Spec	(1y) 5/4/5	Baltimore N		Baltimore, Mary	
DATE REC'D BY			24. FUNERAL DIRECTO	OR .	ADDRESS
REG.	2-11		Howard Blight	Funeral Home 60	009 Harford
			m' , , ,	no Road, Baltimo	ore Li. Md.

Mildred J. Blight

VS. A15A

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3464

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Fallingore MARYLAND	STATE Maryland COUNTY Baltimore	
CITY (If outside corporate limits, write RURAL and LENGTH OF STA		
OR give nearest town (in this place)	TOWN Daynestille	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS 1693 Wolkona Goad	
3. NAME OF (First) (Middle)	(Last) A DATE (Month) (Day) (Year)	
(Type or Print) Colonore 7.	Fello OF DEATH CASHE 30 1957	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs.	
Temple White WIDOWED, DIVORCED, (Specify) Wilson		
10m USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF	R 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	
done during most of working life, even if retired) INDUSTRY	lastonsville COUNTRY?	
13. FATHER'S NAME //	14. MOTHER'S MAIDEN NAME	
Jarael Heacocle	tearoline Wheren	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT AND ADDRESS Bolto 7	
(Yes, no, or unknown) (If year, give war or dates of service)	Foster Follow 3606 Marshon Par	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
A /	I do	
Immediate cause (a) Cerebra	oxident 2 fts	
2217		
3 3 1 A Antecedent cause(s) Discover or conditions if any (b) Leveralized auterio' - Selevous		
Discasco di Conditione, il ally		
giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS	***************************************	
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
2.1.2. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	t, : (CITY OR TOWN) (COUNTY) (STATE)	
SUICIDE OF office bldg., etc.)	(STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY While at Not While Work At work		
	4 /	
22. I hereby certify that I attended the deceased from	, 1944, to 7, 1951, that I last saw the deceased	
. / /	03.0	
alive on, 19 and that death occurred at SIGNATURE (Degree or title)	ADDRESS DATE SIGNED	
SIGNATURE /	CELTS OF THE STONED	
Hoy don from MD 8	Joh Rave Den 3/4/5/	
	TERY OR CREMATORY LOCATION (City, town, or county) (State)	
REMOVAL (Specify) May 3/57 Larraine		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS	
REG. 5/3/50 a w He was	Lorent Keers 500 Jarle 18 hidek	
	The state of the s	

6-6

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

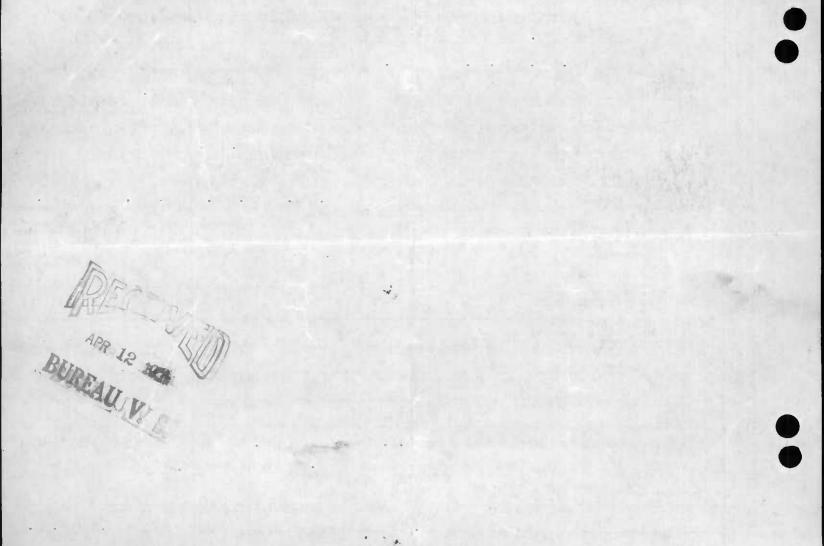
1. PLACE OF DEATI	и.		2. USUAL RESIDENCE (I		0 0
COUNTY Baltin	nore	MARYLAND	STATE Marylan	d COUNT	Y W. U.
		L and LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL and gi	ve nearest town)
TOWN FORT	Howard, Md.	(in this place)	TOWN Baltimor		
HOSPITAL OR			STREET	(If rural give location)	
INSTITUTION OF STREET ADDRESS	ss Vets Adm. Hos	Ft. Howard, Md.	ADDRESS 5525 Pa	trick Henry Drive	./
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED		0	FETTERS	OF A	
(Type or Print) 5. SEX	RUDOLPH 6. COLOR OR RACE	7. SINGLE, MARRIED,	1 8. DATE OF BIRTH	9. AGE last birthday If under	1 year If under 24 hrs.
male	white	WIDOWED, DIVORCED,		Months	Days Hours Min.
	ATION (Give kied of work	(Specify) Married 10b. Kind of Business or	6-4-97 111. BIRTHPLACE (State of	22 yrs.	
done during most of w	orking life, even if retired)	Public School			COUNTY OF WHAT
janitor	10	Public School	Clairfield, Co		UDA
	niel Fetters		Susanna Sulli		
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of	1	17. INFORMANT AND		2 22
Yes	service) WI-	1168-09-7495	Clin.Rec. Vets.	Adm. Hosp. Ft. Ho	oward, Md.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
					OHDER MIND DERLIN
Immediate	cause (a)C	hronic Pyelonephr	itis, lt. kidney	<i>T.</i>	5 yrs.
1011					
Antecedent cause(s) Diseases or conditions, if any, (b) Contracture of vesical neck 5 yrs pl			5 vrs plus		
133 giving rise to the above cause stating the underlying cause last					
stating the u					
II. OTHER SIGNIFIC	(c)				1
Candislana aansaiha	slam on the death but mat	Currian? observe	of my leidmore		-
related to the disease	e or condition causing deat	L. Surgical absence	of rt. kidney		5 yrs.
19a. DATE OF OPE	RATION 186. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
					Yes 🖔 No 🗆
21. ACCIDENT SUICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	COUNTY)	(STATE)
HOMICIDE	INJU	RY			
TIME (Montb) OF	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
INJURY	m.	Work At work			
	VA.	3/ 3/	7-	-d-	
22. I hereby certi	fy that Lattended the	deceased from Mar. 1	(, 1951, to Apr?	, 19.51., thatxivients	aw/tha/deceased/
- M-VSVSEY V V V V	AAAAAAAAAAA .aa	d that death occurred at	8.75 A - from the		4.1 11
SIGNATURE		(Degree or title)	ADDRESS	causes and on the date st	DATE SIGNED
Proprieta de la companya della compa	munch me	(4.5			DATE SIGNED
	ONTE, M.D. VET	ERANS ADMINISTRAT	ION FORT HOWARD.	. MD.	4-7-51
23. BURIAL, CREMA	ATION DATE THEREC	F NAME OF CEMETE		OCATION (City, town, or count	
REMOVAL (Speci	((y) 4.10.5	/ Ralto Nationa	al Cemetery 5	01 Frederick Ave	
DATE REC'D BY I		SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS
REG	,1957 Ida m	71.Pitan	McCully Funeral	Home 3914 Hanove	
- upri	, I'll Cras M	- vincen-	THOUGHT, Turiot at	- 11-110)/ 224 110110 (

WRITTE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

PLEASE



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

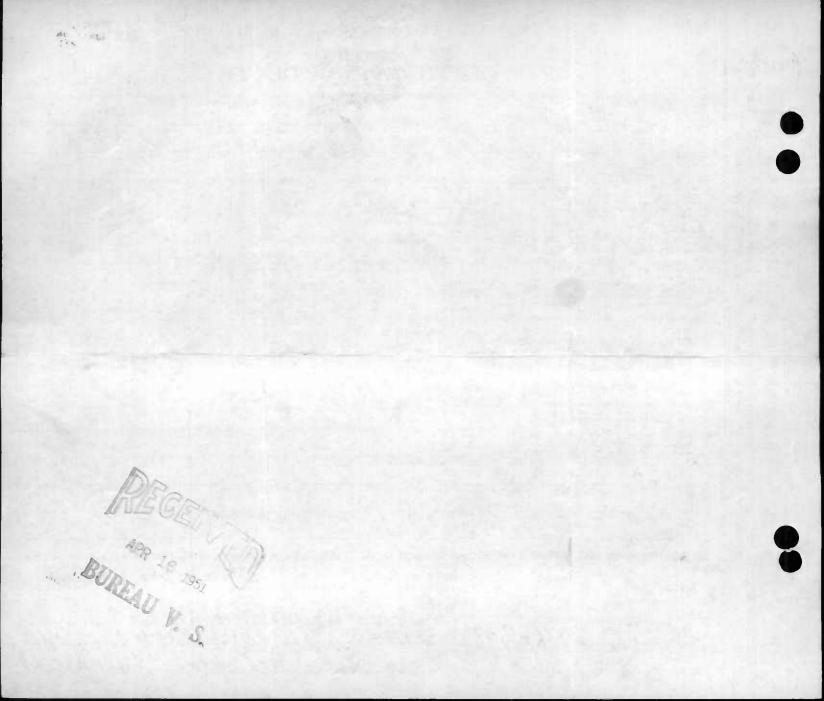
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	Balt.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN (was over the corporate limits) TOWN (was over the corporate limits)	CITY (If outside corporate limits, write RURAL and give	e nearest town)
HOSPITAL OR INSTITUTION OR 2700 Josepha Road	STREET (If rural give location)	a ol
3. NAME OF (First) (Middle) DECEASED (Type or Print) Sarah Ellen	Yourd OF DEATH app.	(Day) (Year) /2 195/
Finale White (Specify Widowell)	Dept. 17, 1867 81 yrs	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		CITIZEN OF WHAT COUNTRY? U.S. A.
Levis Lang Barrow	Sarah arker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of service)	Mrs. John It. Janss	ren
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) arterioclarities Ca	rdeveralar Revel Deserve	Eys.
142X American cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		***************************************
19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes \(\backslash \text{No} \(\backslash \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May	10, 19.43 to Opene 12, 1951, that I last sa	w the deceased
alive on Gyntle, 19.5%, and that death occurred at	ADDRESS ADDRESS Heaters Rel Belt	ted above. DATE SIGNED
DELEGIFAT (O.J. Alexa)	RY OR SREMATORY LOCATION (City, toyle, or county	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	21 FUNERAL DIRECTOR	ADDRESS
17-13-31 U.M. Variane	Stand, General	
	o vou au south, vola.	

BULL STATE OF STATE O

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and J LENGTH OF STAY	CITY (If outside cosporate limits, write BURAL and give nearest town)	me
TOWN representation Record (in this place)	TOWN Rural (Lepspecel)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS Black Rock Road	
3. NAME OF DECEASED (First) (Middle) DECEASED (Type or Print) Charles Newton	T PPO OF G O	ear)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 9. AGE last birthday 11 under 1 year 11 under 2 Value 3 18 77 73 yrs. Months. Days Hours	4 hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of vorking life, even if retired) 10b. Kind of Business on Industry	11. BIRTHYLACE (State or foreign country) 12. CITIZEN OF W COUNTRY? (U.S.	
13. FATHER'S NAME	14_MOTHER'S MAIDEN NAME	ac
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS Hours France Forble - Hompstead, 18	1.
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWO	
Immediate cause (a) Coronary	hromboria Iday	
420.0 Antecedent cause(s) Diseases or conditions, if any, (b) arternoscler	the Heart Persone 4 yes	
93d giving rise to the above cause stating the nuderlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY	7
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY) (STATE)	<u> </u>
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/	195/, to appoil b, 195/, that I last saw the decease	ed
alive on april 5 , 195/ , and that death occurred at 7 SIGNATURE (Degree or title)	ADDRESS m., from the causes and on the date stated above. ADDRESS DATE SIGNI	ED
W. N. Froard U.D.	manchester, Md april 7-195	1
23. BURIAL, CREMATION DATE PARTY OF CEMETE COMOVAL (Specify) Con 9/37 Grace	2 Bullows nu	2
DATE REC'D BY LOCAL REGISTRARY SIGNATURE REG. 4-8-51 (Novy B. Eling-	FUNERAL DIRECTOR HALL BALLON	()
	The state of the s	7



2411 N. Charies Street, Baitimore

CERTIFICATE OF DEATH

Reg. Dist. No.... 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNT COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and OR give nairest towa) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) 40 this place TOWN POSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS OUR OUR STREET ADDRESS 3. NAME OF (Middle) (Last) 4. DATE (Month) (Year) (First) (Day) DECEASED 1957 DEATH (Type or Print) 6. COLOR OR RACE 9. AGE last birthday 5. SEX 7. SINGLE MARRIED 8. DATE OF BIRTH If under 1 year Ilf under 24 hrs. WIDOWED, DIVORCED, Hours | Mln. Months | Days MAKE (Specify) 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT Red- Statemary Engineer COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME FOLOE 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. AND ADDRESS (Yes, no, or yaknown) | (If yes, give war or dates of 220-03-WIFE service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 No E Yes | PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) 21. ACCIDENT (Specify) (STATE) SUICIDE HOMICIDE INJURY INJURY OCCURRED HOW DID INJURY OCCUR? (Day) (Year) (Hour) TIME (Month) While at-Not While Work At work INJURY 22. I hereby certify that I attended the deceased from MAR 1950, to APRILIB, 1951, that I last saw the deceased alive on M. ADDRESS DATE SIGNED (Degree or title) SIGNATURE NAME OF CEMETERY C. LOCATION (City, town, or county) DATE THEREOF (State) 23. BURIAL, ORDINATION REMOVAL (Specify) 19/51 ADDRESS DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE REG.

of information carefully death clearly and legibly. Supply every item write the causes of o MARGIN RESERVED INK. please PLAINLY, WITH UNFADING sespecially important. Physicians:

correct Ä

WRITE

PLEASE

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3469

OBAT IFION I	Reg. Dist. No	fa
1. PLACE OF DEATH- COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town OUPN (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN COUANS	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS 407 SCHWARTZ	AUE.
3. NAME OF DECEASED (Night) ROBERT R. (Middle) CA	PRETT GEATH APR.	(Day) (Year) 14, 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Training	1/1/14 4, /0931 3 / yrs. 1	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done doing most of working life, even if retired) 10b. Kind of Business or Industry 13. FATHER'S NAME		COUNTRY?
JAMES M. GARRETT	SOPHIE RENOLDS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT ELIZABETH C. GARRETT 4075	CHWARTZAV
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) THROMBOTIC	OCCLUSION OF CORONARY	ONBET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	ARTERY OF HEART	1 year.
93d stating the underlying cause last (c) ARTERIOS	TCLEROTIC HEART DISEAS.	5 J-4p.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work — At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from.	10'	
alive on APRIL 14, 19 7, and that death occurred at SIGNATURE (Degree or title)	ADDRESS ADDRESS	ated above. DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	TOTA . OF TOTAL PARTY	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE CAPU. / F, /951 Woutus	Mem. Pk. Baltimme	Co. md.
DATE REC'D BY LOCAL RIGISTRAR'S SIGNATURE REG. 0/2 (5)	2 June 10	ave

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

og. Diat. No. 70 44

690 336

	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants are residence of mother)
City or town & CO A ADA THE LOUMA	State Many County Calling &
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	7 kg cresm
B. Leader Lands and Lands	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) 11 veteran, oame war.
3. (a) FULL NAME Sandy William.	Godsey 3.(b) Social Security Number 2/3-09-2320
4. Set 5. Color or race 6.(a) Stante, married, willowed, or divorced	MEDICAL CERTIFICATION
manies manies	20. DATE UF DEATH abril 22m is 1 OA M
8.(b) Name of husband or wife. Municipal Dudsey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	yannan 4 5 1 april 22 50
deceased (mo., day, yr.) (lug, 31-1896	and that last saw h. Augustive on
8. AGE: Years Mooths Days If less than one day	Immediate cause of death DURATION 1 Mark
4 4hrsmio.	
8. Birthelacs. (Cown, county, and state)	Due to Description of the Parish
10. Usual occupation Flatantia	
11. Industry or boolness & alkleham Steel 60.	Bus to
12. Name Odsey	Other conditions
13. Birthplace Va.	446x
# 14. Malden same Nda P.	131a (Include pregnancy within 3 months of death)
14. Malden same	Major fieldings of operations.
16. Informant Minich Doubley	Antopsy results.
Address 7/8 N-St. Sparters Pt. Med.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Demons 1	22. VIOLENCE: 11 death was due to external causes, fill in the following;
(Buriai, cremation, or removal, Which?) Bate thereof. April 25 1951. (month) (duy) (year)	Accident, suicide, or homicide
Cemetery or crematory M. Ellis Olmalery	Where did injury occur? (City or town) (County) (State)
Location Klass Wille Day	Injured at home, farm, Industry, public place (where?)
18. Funeral director Samuel N. Mulluran	Means of Injury Injured at work?
Address 10 11 M. Willington any Walto.	23. SIGNATURE FASTANCE TO S.
19. (Date ford by registrar) Registrar	Address O The Marin of Amont and W. W.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

II 2. USUAL RESIDENCE (HOME) OF DECEASED

3474

COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Baltimore	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Towson (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 204 Maryland Avenue	STREET (If rural, give location) ADDRESS 204 Maryland Avenue	
3. NAME OF (First) (Middle) DECEASED (Type or Print) EDWARD GINTER GOOD	(Last) 4. DATE (Month) (Day) (Year) OF DEATH April 24, 1951 19	
5. SEX Male White 7. SINCLE, MARRIED. WIDOWED, DIVORCED, (SpecifyWIGOWET)	8. DATE OF BIRTH 9. ACE last birthday If under 1 year II under 24 hrs. August 18, 1869 81 yrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph Operator Ret. Railroad	Pennsylvania 12. Citizen of What Country? USA	
13. FATHER'S NAME David Good	14. MOTHER'S MAIDEN NAME ? Ginter	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of NO	17. INFORMANT AND ADDRESS Fred L. Good. 204 Maryland Ave., Towson, Md.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Wernflegia Cerelial Nembles: 4 Wello 7 3 a giving rise to the above cause last conditions contributing cause last conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1946 to 24 apr., 1951., that I last saw the deceased alive on 1946. The sum of the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED 23. BURIAL CREMATION DATE PROVATE (Specify) April 27. 1951 Manchester Union Cometery Manchester, Penna. DATE RECOD BY LOCAL REGISTRARS SIGNATURE PROPERTY OF CREMATORY LOCATION (City, town, or county) (State) PATE RECOD BY LOCAL REGISTRARS SIGNATURE ADDRESS John Burns' Sons, Towson, Maryland		
VD2	2/-2/	

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Halethorpe	State Md gunty Baltimore
(If outside city or town limits white RIIRAL and give nearest town)	City or town Halethorpe
How long in above place of death?	(If outside city or town limits, All RERAL and cive nearest town)
Hospital, institution, or street address where death occurred:	Street No. 3 4 2 9 Washington Block
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Margaret B. D.	3. (b) Social Security Number
4. Sez 5. Color or race 6. a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white married	20. DATE OF DEATH 4/26/ 19.5/ at 8 4
Awarban J.	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from
6.(b) Name of husband or wife	March 19 49 to April 19 185
7. Birth date of	and that I last saw h. C.T. alive on Apr. 25
deceased (mo., day, yr.) 6/17/1892	Immediate cause of death Hypertensive - Artonio > chostin
8. AGE: Years Months Days If less than one day	Cardio Uniclar Disease
3-8 10 9hrsmin.	
9. Birthplace Baltimore m.d.	0.4-
(Town, county, and state)	Due to
10. Usual occupation. House Wife	
11. Industry or business at Home	Oue to
12. Name Michael Noeller 13. Birthplace Baltimore Ind.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Anna Regina michler 15. Birthplace Baltingore md	Major findings of operations
15. Birthplace B-alternore Ind	Date of op.
16. Intermant Mr John J. Grace	Autopsy results.
2 1 2 2 -11 - 1 - T - DO 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 3 4 2 9 Washington Blog.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Meadowrunge Man.	
Location Washington Ha Dorsay ma.	Injured at home, farm, Industry, public place (where?)
18. Funeral director John J. Gowan & Son	Means of Injury Injured at work?
2011 211. 01:0	2000.0
Address 9,001 Aforeme A.	23. SIGNATURE M. D. or other
19 1 /20 19 57 /Www. /Redust	1845 W (3-14.9+ M.D. or other
(Date regid by registrar) Registrar	Address Date signed 7/24/3

VS A15

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

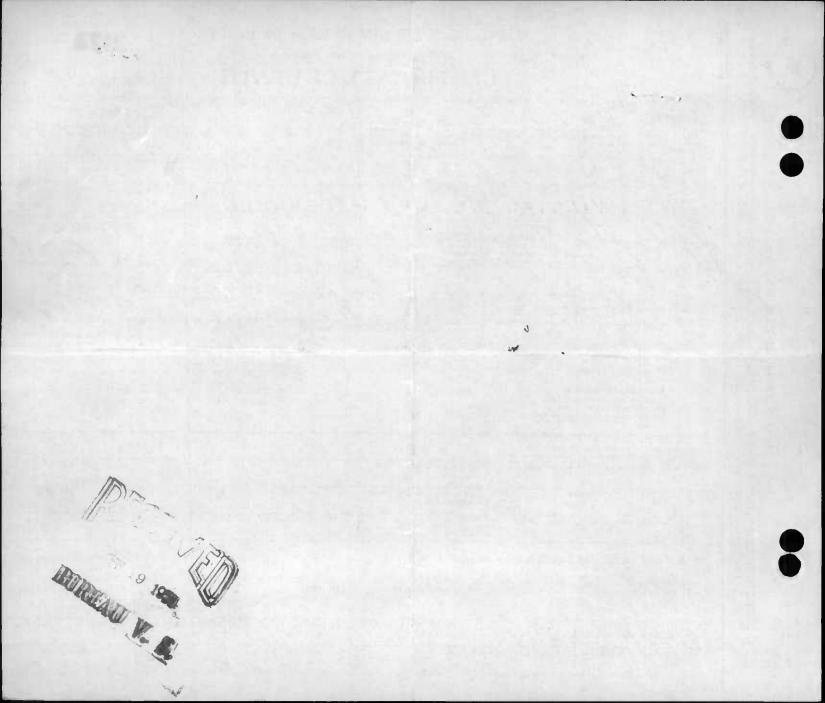
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

Reg. Dist. No.

3473

1. PLACE OF DEATH GASTEINAGE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECRASED.	time-10
CITY Of outside corporate limits write RURAL and I LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
OR give rearestown welle (in his place)	TOWN Satonsville	
HOSPITAL OR INSTITUTION OR 29 MARIAN (ADDRESS 2 2 20 (If rural, give location)	7
STREET ADDRESS 30 // CONTINUE,	38/1/2004	ne.
3. NAME OF (First) (Middle) DECEASED 14/14 1 2 2 14/5 C T V /	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print)	PREENWELL DEATH 18. DATE OF BIRSH 9. AGE last birthday Wunder	year III ander 24 hrs.
Male 7/1/2 to Typower odivorcep.	9/12/88 621 yrs. Months	Days Hours Min.
10a. USUAL OCCIPATION (Give kind of work 10b. Kind of Business or deducing most of working life even if reason) 10b. Kind of Business or 12b. Linux 13. FATHER'S NAME		CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4-1-0
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, 20) or unknown) (If yes, give war or date of	17. INFORMANT AND ADDRESS	Curta
(Yes, or or date of Mayles (If yes, give war or date of Mayles	Mrs Jumes F.S. Wester	welt mo
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	6 1	ONSET AND DEATH
Immediate cause (a) Otomany	(Icclused	5 Mun
1120 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 0-	0
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Hellows	our gar
stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
No. of the Contract of the Con		Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
Moon:	ad anilit of	
22. I hereby certify that I attended the deceased from.	0360	
alive on complet , 190 / , and that death occurred at		ated above,
SIGNATURIA (Degree or title)	ADDRESS BY ST. ST. BOOK	men 2.
23 BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCAPION (City, town, or count	(State)
Butter 4/17/51 St. gol	ms Cem Ellicatt	du ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 4/16/5-/	Easter Long - Catons	welle md
The state of the s		



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

510-916

		TATEV
Maryla		Amindel
TOWN Solley	(Glen Bu	mie . Md. P. O.
STREET	(If rural, give location	(Rural) /
ADDRESS		(-ideal)
(Last)	4. DATE (Month)	(Day) (Year)
Gunther	DEATH ADY	il 6 1951
8. DATE OF BIRTH	9. AGE last birthday If u	nder 1 year If under 24 hrs.
Tec. 28, 1877		nths Days Hours Min.
11. BIRTHPLACE (State o		12. CITIZEN OF WHAT
Germany		COUNTRY?
14. MOTHER'S MAIDEN	NAME	
Unknown		
	ADDRESS S	olley
Wrs. Josephin		
RTIFICATION	ac demonet in	
1 2 2		INTERVAL BETWEEN ONSET AND DEATH
he		9
The Carlo		2 mg
1 /1 ./ "	1	
11/8/ one	C	
, , ,	and and animates and manufact response to 10000 000000	
		20. AUTOPSY?
		Yes No No
(CITY OR T	OWN) (COUR	
HOW DID INJURY OC	CUR?	
-1 4/1	11	
, 19 day, to 7 / keny	, 195 , that I la	ast saw the deceased
ADDRESS	causes and on the da	DATE SIGNED
(/b	n .	4/1/-1
alongvill		1/6/5/
RY OR CREMATORY I	OCATION (City, town, or	county) (State)
dge	Dorsey	Md
	R	ADDRESS
Thomas W. S	ingleton, Gle	n Burnie, Md.
	CITY (II outside corport OR TOWN Solley STREET ADDRESS (Last) Gunther S. DATE OF BIRTH DEC. 28. 1877 II. BIRTHPLACE (State of Germany III. BIRTHPLACE (State of Germany III. INFORMANT AND WAYS. JOSEPHI) RTIFICATION (CITY OR TO THE ADDRESS (CITY OR TO THE ADDRESS RY OR CREMATORY IN GER 24. FUNERAL DIRECTO	Maryland Ame CITY (If outside corporate limits, write RURAL at OR TOWN Solley (Glen Bu STREET (If rural, give locatic ADDRESS (Last) 4. DATE (Month) Gunther DEATH Apr 8. DATE OF BIRTH 9. AGE last birthday If u Dec. 28. 1877 73 yrs. 11. BIRTHPLACE (State or foreign country) Germany 14. MOTHER'S MAIDEN NAME Unknown 17. INFORMANT AND ADDRESS Nrs. Josephine Gunther: G RTIFICATION (CITY OR TOWN) (COUNTIFICATION) HOW DID INJURY OCCUR? (CITY OR TOWN) (COUNTIFICATION) ADDRESS RY OR CREMATORY LOCATION (City, town, or ORE DOTSEY 24. FUNERAL DIRECTOR

MARGIN RESERVED FOR BINDING

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



2411 N. Charles Street, Baltimore

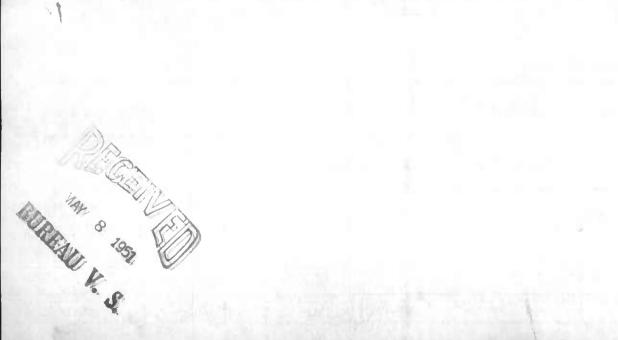
CERTIFICATE OF DEATH

Reg. Dist. No. 3/

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Baltimore MARYLAND	STATE	Balto.
CITY (If outside corporate limits, write RURAL and) LENGTH OF STAY	[CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town) TOWN ANGALISTOWN (In this place)	OR D	,
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR 1	ADDRESS /	
STREET ADDRESS LIBERTY Kd	LIBERTY Rd.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) /	(Day) / (Year)
(Type or Print) Carherine Had	digan OF DEATH 4	76/1951
5. SEX 1.6. COLOR OR RACE 1.7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE,last birthday If under	
WIDOWED, DIVORCED, (Specify)	O/ Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BYSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	11. Dittorial intolyticate of foreign country)	COUNTRY?
None None	Holland	9.1.4.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Unknower	Unknowen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	11.
(Yes, no, or unknown) (If yes, give war or dates of service)	John J. M. Guire RandallsT.	auen Md
		100 11 110.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
(, , , , , , , , , ,)	an alune so	
Immediate cause (a)	7 CO CO CO	
	1	
Antecedent cause(s) Diseases or conditions, if any, (b)	soul or h real	-1.17
Diseases or conditions, if any, (b)		
186 a stating the underlying cause last		
6 tracture	- Il temur	
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	0 0	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
The ACCUMPANT (S. 182) I BY ACM (II (s. 182)	COMPLETE OF MONTHS	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	, 194, to4/26/, 192,/, that I last s	aw the deceased
	1120	an one decoder
alive on 7/22 /, 192/, and that death occurred at A	a.m., from the causes and on the date sta	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
(V) (V)	1 11-1-	1/1-
m. E. Marin 11-N. VI	ugallo/wwn	127/1
23. BURIAL, CREMATION DATE THEREOF (NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	y) / (State)
BERIAL (Specify) 4/30/51 ST. Peter	S BOITA MI	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 4/27/17 2/m 8. Marlin		1-10
- 1/21/51 1 a - c. marin	VI. Taker & Sons 401 Suffolk 1	a 19.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

7S. A15



The correct

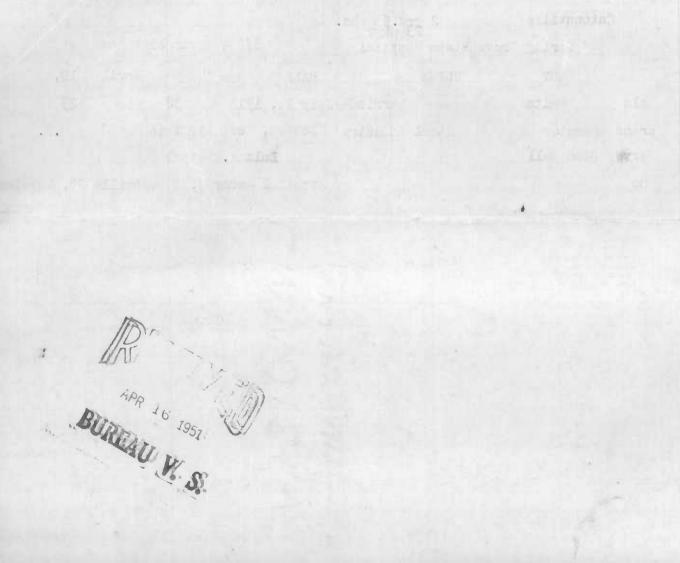
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

3476

I. PLACE OF DEATII-	2. USUAL RESIDENCE (HOME) OF DECEASED
Baltimore MARYLAND	STATE COUNTY Naryland Baltimore
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN CATONSVILLE 2 WTS - mths	CITY (If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR 23 days	STREET (If ru al give lo atlon)
STREET ADDRESS Spring Grove State Hospital	ADDRESS 376 A Northpoint Road
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) ROY CLINE	HALL DEATH APPIL 10, 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 bri Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
crane operator Steel Industry	Weston, West Virginia Country? 14. MOTHER'S MAIDEN NAME
Harvey John Hall	Lula K. Wetzel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT
no service)	Hospital Records, Catonsville 28, Maryland
18. MEDICAL CE	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	
11501	0
Antecedent cause(s) Diseases or conditions, if any, (b) acute Cor	ouary monthicians
94a giving rise to the shove cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Tolan tinding
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes V No 🗆
21. EXTERNAL CAUSE WAS PRIMARY TO R CONTRIBUTING [PLACE (flome, farm, factory, street, OF office bldg., etc.) [NJURY PLACE (Flower, factory, street, OF office bldg., etc.) [NJURY PLACE (Flower, factory, street, OF office bldg., etc.) [NJURY PLACE (Flower, factory, street, OF office bldg., etc.) [NJURY PLACE (Flower, factory, street, OFFice bldg., etc.) [NJURY PLACE (Flower, factory, street, OFFice bldg., etc.) [NJURY PLACE (Flower, factory, street, OFFice bldg., etc.) [NJURY PLACE (Flower, factory, street, OFFice bldg., etc.) [NJURY PLACE (Flower, factory, street, OFFice bldg., etc.) [NJURY PLACE (Flower, factory, street, OFFice bldg., etc.) [NJURY PLACE (Flower, factory, street, OFFice bldg., etc.) [NJURY PLACE (Flower, factory, street, OFFice bldg., etc.) [NJURY PLACE (Flower, factory, street, OFFice bldg., etc.) [NJURY PLACE (Flower, factory, street, OFFice bldg., etc.) [NJURY PLACE (Flower, factory, street, OFFice bldg., etc.) [NJURY PLACE (Flower, factory, street, OFFice bldg., etc.) [NJURY PLACE (Flower, factory, street, OFFice bldg., etc.) [NJURY PLACE (Flower, factory, street, OFFice bldg., etc.) [NJURY PLACE (Flower, factory, street, OFFice bldg., etc.) [NJURY PLACE (Flower, factory, street, OFFice bldg., etc.) [NJURY PLACE (Flower, factory, street, OFFice bldg., etc.) [NJURY PLACE (Flower, factory, street, office bldg., etc.) [NJURY PLACE (Flower, factory, street, office bldg., etc.) [NJURY PLACE (Flower, factory, street, office bldg., etc.) [NJURY PLACE (Flower, factory, street, office bldg., etc.) [NJURY PLACE (Flower, factory, street, office bldg., etc.) [NJURY PLACE (Flower, factory, street, office bldg., etc.) [NJURY PLACE (Flower, factory, street, office bldg., etc.) [NJURY PLACE (Flower, factory, street, office bldg., etc.) [NJURY PLACE (Flower, factory, street, office bldg., etc.) [NJURY PLACE (Flower, factory, street, office bldg., etc.) [NJURY PLACE (Flower, factory, street, office bldg., etc.) [(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. White at Not while work at work	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes [], accident [], suicide [], signature (Degree of title) (Degree of title)	ased died on the dry stated above, and death in my opinion resulted undetermined DATE SIGNED LIGO / O Locale
	/ / / / / / / / / / / / / / / / / / / /
	1 513356



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ag MARGIN RESERVED FOR BINDING

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

Item 21 on: Item 7 1 2 MAY 15 1951 CERTIFICATE OF DEATH G FOR MEDICAL EXAMINERS

3477

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Sparrows Point (In this place)	Town Baltimore
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Bethlehem Steel Co.	ADDRESS 437 Folcroft Street
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) PHILLIP CLARKE	HAMMUND DEATH APRIL 30 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Transact	8. DATE OF BIRTH 9. AGE last birthday If under I year Months Days Hours Min.
	11. BIRTIIPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if revired) NE THE STEEL CO.	BALTIMORE, MD. COUNTRY'S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES HAMMOND	ELIZABETH FOX.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown) (If yes, give war or dates of 213-09-4120	MARIE F. HAMMOND 4375, FOLCROFTST.
18. MEDICAL CE	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Cambon managida n	ofconing
Immediate cause (a) Carbon monoxide pe	orgonitug
892.3Antecedent cause(s)	
Diseases or conditions, if any, (b)	
178 C giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	l 20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
21. EXTERNAL CAUSE WAS PRIMARY & OR CONTRIBUTING OF Office bids, etc., factory, street, OF office bids, etc., factory, street, Injury Industrial place	Bethlehem Steel Co., Sparrows Point, Md.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not while	Blast from furnace gas (5/15/51 akc)
INJURY 4/30/51 A.m. work & at work	1 Plase II om Latitade Bas (0/20/02 day)
22 I certify that I took charge of the remains described above held an A	
Lat a bottony them a book crowing of the contraction decentroom doors, freed the	utonsy K. Inspection . Inquiry T thereon and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	Autonsy Z, Inspection , Inquiry T thereon and from the evidence ased died on the day stated above, and death in my opinion resulted
obtained by said Autopsy, Inspection or Inquiry, find that said dece- from: notural causes , occident X, suicide , homicide .	ased died on the day stated above, and death in my opinion resulted undetermined □.
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above, and death in my opinion resulted
obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: notural causes , occident , suicide , homicide , SIGNATURE (Degree or title)	ased died on the day stated above, and death in my opinion resulted undetermined
obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: notural causes , occident , suicide , homicide , SIGNATURE Obegree or title 700	ased died on the day stated above, and death in my opinion resulted undetermined ADDRESS DATE SIGNED Fleet St., Balto. 2, Md. April 30, 1951
obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: notural causes , occident , suicide , homicide , SIGNATURE Coegree or title 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	ased died on the day stated above, and death in my opinion resulted undetermined ADDRESS DATE SIGNED Fleet St., Balto. 2, Md. April 30, 1951 RY OR CREMATORY LOCATION (City, town, or county) (State)
obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: notural causes , occident , suicide , homicide , SIGNATURE Cocident , suicide , homicide , homicide , homicide , homicide , homicide , homicide , cocident , suicide , homicide , hom	ased died on the day stated above, and death in my opinion resulted undetermined ADDRESS DATE SIGNED Fleet St., Balto. 2, Md. April 30, 1951 RY OR CREMATORY LOCATION (City, town, or county) (State) HEART CEM. 4701 GERMAN HILL RD. MD.
obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: notural causes , occident , suicide , homicide , SIGNATURE Cocident , suicide , homicide , homicide , homicide , homicide , homicide , homicide , cocident , suicide , homicide , hom	ased died on the day stated above, and death in my opinion resulted undetermined ADDRESS DATE SIGNED Fleet St., Balto. 2, Md. April 30, 1951 RY OR CREMATORY LOCATION (City, town, or county) (State)
obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: notural causes , occident , suicide , homicide , SIGNATURE Cocycles Company Control of the Company	ased died on the day stated above, and death in my opinion resulted undetermined ADDRESS DATE SIGNED Fleet St., Balto. 2, Md. April 30, 1951 RY OR CREMATORY LOCATION (City, town, or county) (State) HEART CEM. 4701 GERMAN HILL RD, MD. 23. FUNERAL DERECTOR 901 S. CONKLING ST.
obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: notural causes , occident , suicide , homicide , SIGNATURE Cocident , suicide , homicide , homicide , homicide , homicide , homicide , homicide , cocident , suicide , homicide , hom	ased died on the day stated above, and death in my opinion resulted undetermined ADDRESS DATE SIGNED Fleet St., Balto. 2, Md. April 30, 1951 RY OR CREMATORY LOCATION (City, town, or county) (State) HEART CEM. 4701 GERMAN HILL RD. MD.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEAT	H•		2. USUAL RESIDENCE (H		
COUNTY	mosoe	MARYLAND	STATE Maryland	COUNT	rore City
CITY (If outside c	orporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corporat	e limits, write RURAL and gi	ve nearest town)
OR give nearest TOWN Rural	(Cato nsville	(in this place)	TOWN Baltimore		
HOSPITAL OR INSTITUTION OF STREET ADDRE	Spring Greve	State Hospital	STREET ADDRESS	(If rural, give location)	
3. NAME OF	(First)	(Middle)	" 3404 Ches	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	HARRY	1.4.	HANSEN	OF DEATH April 20	Day) (Tear)
5. SEX male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,		. AGE last hirthday If under Months.	l year If under 27 hrs. Days Hours Min.
10a. USUAL OCCUP.	ATION (Give kind of work corking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	July 10 1907 11. BIRTHPLACE (State or	foreign country) 1:	2. CITIZEN OF WHAT
Nawshor		Street vendor	Wisconsin		COUNTRY?
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN	NAME	V+C+
Wallace	Hansen		Bertha Ols	en	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES (If year, give war or dates	11 16. SOCIAL SECURITY NO.	17. INFORMANT AND A	DDRESS 838 W/	Lith St.
No	pervice)	none	Wir. Waldo Hanse	en"(bro.) Paltimor	10
I. DISEASES OR CO	ONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Immediat	e cause (a)	Cardiac decompen	estion		6
			() · () · () · () () () () () () () () () () () () () ()	00000000000000000000000000000000000000	6-wks
1/1/9 X Anteceder	nt cause(s)				
	conditions, if any, (b)	Cardiovascular	renal disease		2 vrs
1310 giving rise to	o the above cause inderlying cause last	- 2			
	CANT CONDITIONS				
Conditions contribu	iting to the death hut not				
	se or condition causing deal	Mental defici	Lenery		life
	ISB. MASON	INDINGS OF OFEREION			20. AUTOPSY?
none 21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	: (CITY OR TO	WAN COMMING	I Yes No
SUICIDE HOMICIDE	none OF	office hldg., etc.)	(CITT OK TO	OWN) (COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
22. I hereby certi	ify that I attended th	e deceased from Sept	II, 19.36., to Apr29	, 1951, that I last s	aw the deceased
alive on Ar	r. 29. 1951 an	d that death occurred at	5.50 A.m. from the c	auses and on the date of	ated above
SIGNATURE	0	d that death occurred at(DATE SIGNED
Gertmale?	J. Heirhung	Sprin	ng Grove State Ho	Whr	. 29, 1951
23. BURIAL, CREM REMOVAL (Spec	ATION DATE	NAME OF CEMETE	RY OR CREMATORY LO	CATION (City, town, or count	ty) (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR	Jugior state	ADDRESS
REG. 5) 3	il au	Hedrich ,	taul E Cheno	well 3615-17 &	hestrut des
				1	

MARGIN RESERVED FOR BINDING

VS. Ars

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

				areg. Dist. 1	
1. PLACE OF DEAT COUNTY			2. USUAL RESIDENCE (I	COTINI	ry
	Baltimore	MARYLAND	Maryle	ino	
OR give neares	corporate limits, write RUR.	AL and LENGTH OF STAY (in this place)	OR -	ate limits, write RURAL and g	rive nearest town)
TOWN	t town) Fort Howard	2 (in this place)	Town Baltin		
INCTITUTION O	P	.,Ft.Howard,Md.		(If rural, give location) Paca Street	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	SAMUEL	(IMI)	HARDEN	DEATH APTL	10/-
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	s. DATE OF BIRTH 1-6-90	9. AGE last hirthday If under Month	or 1 year If under 24 hre. Hours Min.
10a. USUAL OCCUP	PATION (Give kind of work working life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY? TOO A
Janitor	working life, even If retired) (unemployed)		Elenton, Nort	·	USA USA
			14. MOTHER'S MAIDEN		
Joseph Ha			Martha MN: Un		
15. WAS DECRASED E	EVER IN U.S. ARMED FORCES (If yes, give war or dates (service)	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
Yes	service) WW I			t.Adm.Hosp.,Ft.Ho	oward, Md.
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
		HYPERTENSIVE CARD	TOTASCITAD DISEA	CT	UNKNOWN
Immedia	te cause (a)	HITERIENDIVE CALD.	TO AMPOOTED DISCH	<u> </u>	VINDIVIN
Mantecede	ent cause(s)				The same of the same of
	conditions, if any, (b)		***************************************		
92 stating the	underlying cause last				
1300	(c)				
II. OTHER SIGNIF	ICANT CONDITIONS outling to the death but not	INFOCADDEAY TIME	DOM TON HER MET A TO	DIT BENDAME	
related to the dise	ase or condition causing deat	h. MYOCARDIAL INFI	ARCTION WITH MU.		UNKNOWN
19a. DATE OF OPI	ERATION 196. MAJOR I	FINDINGS OF OPERATION		(OTD)	20. AUTOPSY?
	(7) 15) DY A	GE (II f f	! (CITY OR	TOWN) (COUNT	Yes No D
21. ACCIDENT SUICIDE HOMICIDE	OF INJU				Y) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR7	
OF INJURY	m.	Work At work			
on Thereby con	tien that Whitandad th	e deceased from April.	25 19 5] to April	27 1957 veksysvirtense	havasvafivarif/men
			4		
MONOCONCXXX SIGNATURE	ODDOOR ALPHODIAN	d that death occurred at(Degree or title)	2:15 P. m., from the ADDRESS	causes and on the date	stated above. DATE SIGNED
V. O. E	ARECKSON, M. D.		VAH, FORT HOWA	RD, MARYLAND	4-28-51
23. BURIAL, CRES	MATION DATE THERE	OF NAME OF CEMETE		LOCATION (City, town, or cou	inty) (State)
REMOVAL (Sp.	(SL 3-	5/ Baltimore N		Baltimore, Mary	land
DATE REOD BY	LOCAL REGISTRAR'S	SIGNATURE.	24. FUNERAL DIRECTO	OR	ADDRESS
REG.	5/ 10/10	Hedrich	Adolphus Hals	tead 918 Druid	Hill Ave.
	/ / /	1 Am		Raltimore.	
1/		W/	7	70 000	

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

Evi	de	n	C	8	for	cha	ng	0
i	n	1	8	٠	shown	on	:	

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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0	4	8	V

Min No. G	132 APR	12 1951 FOR	MEDICAL	EXAMINERS	

1. PLACE OF DEATH- COUNTY Baltimore	MARWANA	2. USUAL RESIDENCE (H STATE Maryland	OME) OF DECEASED. COUNTY	
CITY (If outside corporate limits, write RURA OR give nearest town)	(in this place)	CITY (If outside corporat	e limits, write RURAL and give	e nearest town)
HOSPITAL OR	18 days	TOWN Baltimo	(If rural, give location)	
INSTITUTION OR	p.Ft.Howard.Md.	ADDRESS	Kentucky Avenue	/
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) CHARLES	R. HAR	R.	OF DEATH April	1957
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE iast birthday If under I	year If under 24 hrs.
Male White	(Specify) Married	9-10-75	75 yrs.	Days Rours Min.
10a. USUAL OCCUPATION (Give kind of work)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		CITIZEN OF WHAT
done during most of working life, even if retired)	Railroad	Baltimore, Md.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Unknown		Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of		17. INFORMANT		
Yes hervice) SAW	Unknown		m. Hosp. Ft. Howard	Md.
	18. MEDICAL CEI	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY I	LEADING TO DEATH			ONSET AND DEATE
. C.	ARDIAC DILATATION	AND HYPERTROPHY		Unknown
Immediate cause (#/	PULMONARY EDEMA	***************************************	****** BEG: 01	
(Antecedent cause(s)	CORONARY ARTERIOS	TEROSTS WITH MY	OCARDIAL SCARRING	Unknown
Diseases or conditions, if any, giving rise to the above cause	CONTONANT ANTIBICION	TENICOTO NTTIL MIT	OOAIWHAH BOILLING	-0-04-1-04 0
stating the underlying cause last		and the second s	*****	13
(c) H [STORY OF OPERATION	N FOR FRACTURED	NECK, LEFT FEMUR	68 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	1.			
19a. DATE OF OPERATION 19b. MAJOR F.	INDINGS OF OPERATION			20. AUTOPSY?
Service of the servic				Yes No D
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF	E (Home, farm, factory, street, office hldg., etc.)	(CITY OR T	OWN) (COUNTY)	(STATE)
CAUSE OF DEATH. INJU	RY Come	B G 3		
OF Month Own (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY OCC	UR?	
INJURY 7FM	work at work	Fell getting i	nto wheel chair	
22. I certify that I took charge of the remai	ins described above, held an A	utopsy . Inspection .	Inquiry T thereon and	from the evidence
obtained by said Autopsy, Inspection or	Inquiry, find that said deced	ised died on the day stated	labove, and death in my	opinion resulted
from: natural causes , accident	(Degree or title)	undetermined [_].		DATE SIGNED
IT Mel arisene to	n N	11001000		Divid Sidiled
WALTER M CARMINE	MEDICAL EXAMINE	R 88 Baltim	ore Ave. Dundalk	MD 4-4-51
23. BURIAL, CREMATION DATE THEREO REMOVAL (Specify)	F NAME OF CEMETER	RY OR CREMATORY L	OCATION (City, town, or count	y) (State)
Burial	Balto Natio	24. FUNERAL DIRECTOR	Baltimore Md.	
DATE REC'D BY LOCAL REGISTRAR'S S	SIGNATURE	24. FUNERAL DIRECTOR	3	ADDRESS
N-6-51 LL		Jos. J. Herr & Sc	ons, 3001 Kentuck	v Ave Palta
,			, June 116 11 Out of	A WAS ADOT OF
			5/0	000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3481

COUNTY RAI TIMO OF THE STATE OF	STATE MARY AND COUNTY	BAITHARE
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town) TOWSON (in this place)	OR TOWN TOWSON	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 YORK ROAD	STREET (If rural, give location) ADDRESS 6 YORK ROAD	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) JOSEPH GRASON HI	ARTLEY DEATH APRIL	6, 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED		1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JOSEPH H. HARTLEY	ELIZABETH EMMART	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyear, give war or dates of 215-16-6326	17. INFORMANT AND ADDRESS 6 YORK MRS. J. GRASON HARTLEY- TOWSON	RP.
18. MEDICAL CE		1 -
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	MILLONION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Corowary Three	ואו לשטוג	2hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS	vos.	Storyean
Conditions contributing to the death but not related to the disease or condition causing death.		1-91
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	-	20. AUTOPSY?
L DY ACD CITY AND A STATE OF THE STATE OF TH	COMPAND MONAY	Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	1938 to 6 Apr. 1951 that I last s	aw the deceased
alive on	(4.30	
DEMONAI (Specify)	TOWS ON BALTA	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
4-9-31	JOHN BURNS SONS, TOWISO,	N. NIP.
	390 71	6

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Baltimore MARYLAND	STATE Maryland Baltimore
CITY (If outside corporate limits, write RURAL and CR OR give nearest town) OR (In this place) TOWN Catonsville CENGTH OF STAY (In this place) WOOKS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton
HOSPITAL OR INSTITUTION OR The Pines Nursing Home STREET ADDRESS FUSION AVE.	STREET (If rursi give location) ADDRESS
8. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) George He	elfrich DEATH April 22, 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH April 23,1907 9. AGE last hirthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent 10b. Kind of Business or Industry Life Ins.	Baltimore County, Md. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel H. Helfrich	Edith Benson
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	Samuel H. Helfrich-106 W. University Parkway
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onset and Death
Immediate cause (a) Pulmonan abso	ces - Petro spleevin Obseen Wents -
582 × Antecedent cause(s)	Magaz
Diseases or conditions, if any, (b)	
127av stating the underlying cause last (c)	shi llee - Typans
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.	2 2
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	of lun - newlong fall blooks 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY occurrent Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 1946, toam22, 195/, that I last saw the deceased
alive on	ADDRESS DATE SIGNED
	20 E. Preston St. 4 - 23 - 51
PEMOVAL (Specify) burial (Specify) 4 - 24 - 51 Druid Ridge	RY OR CREMATORY LOCATION (City, town, or county) (State) Pikesville, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	John O. Mitchell & Sons, Inc1900 Eutaw Place
- Lul	MONICELLE Baltimore, Md.

MARGIN RESERVED FOR BINDING

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

3483

	FOR MEDICAL	LEXAMINERS	Reg. Dist. N	0
	1. PLACE OF DEATH COUNTY SALVANO MARYLAND	2. USUAL PRIDENCY (H	COUNT	
	OR give nearest town) TOWN CITY (If outside corporate limits write RURAL and OR give nearest town) (in this place)	OR TOWN	e limits write RURAL and gi	ve nearest town)
	HOSPITAL OR INSTITUTION OR 75/9 Lang St.	STREET ADDRESS 75/9	Af rural, give legition)	et
	3. NAME OF DECEASED (First) Middle) (Typs or Print) Rabons Middle)	lenkinson-	DATH (Month) OF DEATH HORAL	(Day) (Year)
	SEX 6. SOUR OR RACE 7. SINGLE, MARRIED WIDOWED DIVORED, (Specify)	8. DATE OF BURTH	9. AGE last birthday If under	I year If undar 24 hrs Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired) INDUSTRY	11. BIRTH VACE (State or		2. CITIZEN OF WHAT COUNTRY?
	James Henderson	14. MOTHER'S MAIDEN	LOGIC	,
1	(Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND AD	113 m. 75/9/	ana IT
	18. MEDICAL, CE	RTIFICATION	1	1 19
	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	11		CASET AND DEATH
	7 54 4 Immediate cause (a) Muganila	1 Had h	becase	Jun -
	1211		00 bh. 100:11.11mrho. 1101 hose 101.00000000000	
	Antecedent cause(s) Diseases or conditions, if any, (b)	**************************************	10000 0 8 mg seprema s saga n nag soco dos 4 2 cus caço 1 o 110 cus godos copa godo do do godo do do do do do d	
	15 L giving rise to the above cause stating the underlying cause last			
	II. OTHER SIGNIFICANT CONDITIONS			
	Conditions contributing to the death but not related to the disease or condition causing death.			
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
	21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TO	THAT COLUMN	Yes No No
1	PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	(OITT OR TO	OWN) (COUNTY	(STATE)
	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while NJURY At work at work	HOW DID INJURY OCC	UR?	
	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said deced	utopsy _, Inspection _,	Inquiry thereon and	from the evidence
	from: natural causes , accident , suicide , homicide , siGNATURE (Degree or title)	undetermined .	above, and acam in my	DATE SIGNED
	11 2 paves ma Dynmed &	aun Dunk	ack Suron Col	2/4/1/5-
1	23. BURIAL, CREMATION DATE THEREOF NAME OF COMETE!	ON CREMATORY LO	CATION (City, town, or coun	(State)
1	DATE RECE BY LOCAL REGISTIAR'S SIGNATURE REG. 13 5 / A. W. Hadre	21 FUNERAL DIRECTOR	121951	ADERESS
	30	11	191 91 111	N NJ

The correct age

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

r 3484

1. PLACE OF DEATI			2. USUAL RESIDENCE (HOME) OF DECEASI		
COUNTY Ba.	lto.	MARYLAND	STATE Md.		COUNTY B	alto.
CITY (If outside co	orporate limits, write RURA		CITY (If outside corpor	ate limits, write RURA	AL and give neares	t town)
OR give nearest		(in this place)	OR TOWN Baltin	more		
HOSPITAL OR	Mercy Villa		STREET	(If rural, give le	ocation)	7
INSTITUTION OF STREET ADDRESS		re -	ADDRESS 6300	Blenheim Rd.		/
3. NAME OF	(First)	(Middle)	(Last)			(37)
DECEASED	ROSA		HILGENBERG	OF	2 =	(Year)
(Type or Print)	6. COLOR OR RACE	7. SINGLE, MARRIED.	S. DATE OF BIRTH		pr. 15	19 5
		WIDOWED, DIVORCED,		9. AGE last birthday	Months Days	Hours Min
female	white	(Specify) Widowed	Apr. 17, 1872	78 yrs.		
	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZE	OP WHAT
none			Germany		COUNTR	
13. FATHER'S NAM	_		14. MOTHER'S MAIDEN	NAME		
•	Seidt		unkno	ממא		
15. WAS DECRASED EV	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS		
(Yes, no, or unknown)	(If yes, give war or dates of service)	none	Mrs. Pauling	Kraus - 630	O Blankein	5 Da
		18. MEDICAL CE		200 0000	V 72 12 03 1	
I DISTANTE OF CO	NDITIONS DIRECTLY	ELDING TO DELTH			INTER	VAL BETWEEN
I. DISEASES ON CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET	AND DEATH
Immediate	, eenge (e)	anu	usclum		1	940
Immediate	cause (=/					· · · · · · · · · · · · · · · · · · ·
#42 X Anteceden		Plan At.)	n of t	201 /	+ 10	340
	conditions, if any, (b)	Crom one	cyms, on:	Mystull	in !	773
3/2 stating the u	nderlying cause last	0 1- 0		10		
- 0100	(c)	Write Cur	due delite	Im	1/5	951
11. OTHER SIGNIFI	CANT CONDITIONS	0	^			
related to the disease	ting to the death but not se or condition causing death	Duyn's	Disun		_ /	949
		INDINGS OF OPERATION			20. A	UTOPSY?
					Yes	□ No □
21. ACCIDENT	(Specify) PLAC	E (Home, farm, factory, street,	: (CITY OR 7	OWN) ((STATE)
SUICIDE	OF INJU	office bldg., etc.)			(2	
TIME (Month)		INJURY OCCURRED	I HOW DID INJURY OC	CUR?		
OF INJURY		While at Not While	110 11 212 1110111 00	00111		-
	m.	Work At work				
22. I hereby certi	fy that I attended the	deceased from June 3	1940 to april	15. 19 5/ that	I last saw the	horeeooh
		//	_			
alive on	19. Q/, and	that death occurred at	130 01 m., from the	causes and on the	date stated at	ove.
SIGNATURE	0 1	(Degree or title)	ADDRESS	1	DAT	E SIGNED
1.	2. Bishis	AB-M.D.	503 Sherway	c Ch	4/1	6/57
23. BURIAL, CREMA	ATION DATE THEREO	F NAME OF CEMETE	RY OR CREMATORY I	OCATION (City, town	n. or county)	(State)
_REMOVAL (Speci		Oak Law		A		(0 00 00)
DATE REC'D BY I			24/FUNERAL DIRECTO	Balto.	ADD	PREG
REG.	15	N Hopen in	1/// 000	interned to	MAD - 5	ella
	13/	- Marie	1 1 (111 . 1 .)	MWW/ 18	MAN DE	24

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

DV 3485

I. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Y
CITY (If outside corporate limits, write RURAL and OR give nearest town) Sville Sifice May	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET (If rural, give location)	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Clarabelle Stephens	HORNER 4. DATE (Month) OF OF APPIL	1 (Day) (Yest)
5. SEX F 6. COLOR OR RACE WIDOWED, DEVORCED (Specify)	угв.	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	on 11. BIRTHPLACE (State or foreign country) 11. Maryland	2. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joseph Henry HORNER	Hannah E. DANN	TEKER
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS Hospital Record; Spring Grove F	Hospital
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Right lowere lobar	r pneumonia	Interval Between Onset and Death
Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the anderlying cause last II. OTHER SIGNIFICANT CONDITIONS	CV dis.	indef
Conditions contributing to the death but not related to the disease or condition causing death. fungus dermatism. DATE OF OPERATION 1 19b. MAJOR FINDINGS OF OPERATION	titis of feet	indef
138. DATE OF OTERATION 138. ALMOST PRODUCTS OF OTERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, streen of the bldg., etc.) SUICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	Yes No S
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-6-1		
alive on 3-31-1951, 19, and that death occurred a SIGNATURE M. Schweldsweld (State or title)	ADDRESS	ated above. DATE SIGNED
Abraham M. Schneedmuhl M. D. Spring Grant Company of Company Company of Compa	vet LOCATION (City, town, or country Baltimore	oril 1, 1951 ty) Md. (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 12/5/ A W Colocic	G. Howard Strong 3207W. North	ADDRESS Ave.,

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.		2. USUAL RESIDENCE (F		COUNTY	
CITY (If outside corporate limits, write RUR. OR give nearest town) TOWN	(in this place)	CITY (If outside corpors	ate limits, write RURAL		
HOSPITAL OR	la 15 yrs 4 mo.	TOWN Baltin			
INSTITUTION OR STREET ADDRESS Reservand Sta	to Training School	STREET ADDRESS 719 X	(If rural give loca	ction)	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mon	th) (Day) (Year)	
(Type or Print) Raymond		Horwitz	OF DEATH Oper	ie 23 1957	
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under I year If under 24 hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	16b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph ?	Harvily	14. MOTHER'S MAIDEN	NAME ands		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of laervice)	? 16. SOCIAL SECURITY NO.	17. INFORMANT	ital Reca	ede	
	18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a)	Branchs - pr	umonia		5 days	
753. Antecedent cause(s) Diseases or conditions, if any, (b)	Spartie Diple	gia	***************************************	Cong.	
157d giving rise to the above cause stating the underlying cause last (c)	mussend of	E mental	delicience	Cong.	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	a.		7		
19a. DATE OF OPERATION 19b. MAJOR F				20. AUTOPSY?	
				Yes No No	
21. ACCIDENT (Specify) PLAC OF HOMICIDE INJU	CE (Home, farm, factory, street, office bidg., etc.) RY	(CITY OR T	OWN) (CO	UNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
22. I hereby certify that I attended the	100	19.57 to ans	7.3. 19.57, that I	last saw the deceased	
alive on 4-23, 19.5, and	/				
SIGNATURE (Degroe or title) ADDRESS DATE SIGNED					
050100	Johns, M.D.	Casewood, On			
	1951 Anshei Emuna	RY OR CREMATORY L	VBaltimore	e Md	
DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR'S	Harich	24. FUNERAL DIRECTO	non t Bus	W North ave	
777	1 Dm			JUVVVV	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEAT COUNTY			2. USUAL RESIDENCE STATE		ED. COUNTY
CIETTY (Tr	Baltimore	MARYLAND	Maryla	nd	
OR give neares	corporate limits, write RUR. Ltown) Towson	AL and LENGTH OF STAY (in this place)	OR	MOY P	AL and give nearest town)
HOSPITAL OR			STREET	(If rural give lo	ocation)
STREET ADDRE	R Presbyterian	Home	ADDRESS 517	OKKMEY	ROAd
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (M	onth) (Day) (Year)
(Type or Print)	Elizabeth Wa	•			oril 30, 1951 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birtbday	
female	white	WIDOWED, DIVORCED, (Specify)	March 5, 1864	87 yrs.	Months Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF WHAT
none	working ine, even it recired)	INDUSTRI	Baltimore, M	d.	COUNTRY
13. FATHER'S NAM	1E		14. MOTHER'S MAIDE	N NAME	
Willi	iam W. Janney		Marion Dean		
15. WAS DECEASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT		
(Yes, no, or unknown)	(If yes, give war or dates of	-	Records, Pres	byterian Home	, Towson, Md.
		18. MEDICAL CE			
* DIGHAGES OF O	ONDITIONS DIDECTOR				INTERVAL BETWEEN
I. DISEASES OR C	ONDITIONS DIRECTLY		1 0		ONSET AND DEATH
Immedia	te cause (a)	Mysearch	al allean	somewhole	y 2 grs
142V				V	
	ent cause(s) conditions, if any, (b)	white order	et + was	VAD LIMILA	u- laule
giving rise t	to the above cause				
of stating the	underlying cause last			()0	
	(c)			V	1
Conditions contrib	ICANT CONDITIONS uting to the death but not ase or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes D No D
21. ACCIDENT	(Specify) PLAC	CE (Home, farm, factory, street,	(CITY OF	TOWN)	OUNTY) (STATE)
SUICIDE HOMICIDE	OF INJU	office bidg., etc.)	(0111 01	(10111)	JOONITY (SIRIL)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY C	CCUR?	
OF INJURY	m.	While at Not While Work At work			
			C C M	C.	
22. I hereby cert	ify that I attended the	deceased from Quel	0(, 19) to to	30, 19, that	I last saw the deceased
	A	d that death occurred at			
alive on and	19, an	d that death occurred at (Degree or title)	ADDRESS	ie causes and on the	date stated above.
SIGNATURE		(Degree or mue)	ADDRESS		DATE SIGNED
fruit	Leeu K.	M.B. 28		ve., Towson,	
23/ BURIAL, CREM REMOVAL (Spec			RY OR CREMATORY	LOCATION (City, town	
burial	1 0 - 0/ 0		it	Baltimore	, Md.
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	ror	-1900 Eutaw Place
REG. 5/2/	51 a.w	· deduch	wonin U.Mitchel	Ta sons, Inc.	-1900 Eutaw Place
			1111111111	Total 1	Reltimore Md.

2411 N. Charles Street, Baltimore

3488

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY.	Baltimore	MARYLAND	STATE Meryl		TY Balimore
CITY (If outside co OR give nearest TOWN	town) Towson	AL and LENGTH OF STAY (in this place)	TOWN TO	orate limits, write RURAL and WSON	
HOSPITAL OR INSTITUTION OF STREET ADDRES	R 111 Allegh	eny Avenue	STREET ADDRESS	(If rural, give location)	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	DANIEL of	St. THOMAS	TENIFER	DEATH APILL O	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If und	er 1 year If under 24 hrs. as Days Hours Min.
Male	White	WIDOWED DIVORCED, (Specify) A TI 160	Oct. 11, 1883	yrs.	
Doctor of Me	ATION (Give kind of work vorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY General Practise	II. BIRTHPLACE (State Maryland		12. CITIZEN OF WHAT COUNTRY? US A
13. FATHER'S NAM	E		14. MOTHER'S MAIDI		
Thomas R	. Jenifer			Ann Moore	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT ANI		
Yes, no, or unknown)	(If yes, give war or dates (service)	None	I H. Courtney J	enifer, Towson, N	aryland
		18. MEDICAL CE	ERTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
Immediat	e cause (a)_(lcute myocar	dial inface	tion	2 days
Diseases or giving rise to	nt cause(s) conditions, if any, the above cause	Previous myocar	dial diseas	2	years
1 0000	(c)	Irterioschrotic	boot disease	2	
Conditions contribu	CANT CONDITIONS uting to the death but not use or condition causing deat	in Generalized o	ldvilitation		years
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION			26. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ		(CITY OI	R TOWN) (COUNT	Yes No CY (STATE)
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY	OCCUR?	
		e deceased from 3/23	, 19.51, to 4/	30 , 1951, that I last	t saw the deceased
alive on4	/30/, 1951., ar	nd that death occurred at/			stated above. DATE SIGNED
Donaldo	T. Somervil	4. /	W. Pa. ave. Tou		4/30/51
23. BURIAL, CREM REMOVAL (Spec	May 2, 19	51 Prospect Hi		Towson, Maryland	d
DATE REC'D BY REG.	LOCAL REGISTRAR'S	SIGNATURE WEST	John Burns'	Tor Sons, Towson, Mar	yland
	34	4 4 2		111	1861
		700		/ / /	2 4 6 8 6 6 6

VS. A15

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The correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town	1)
OR give nearest town) OELLA (in this place)	TOWN OELLA.	
HOSPITAL OR	STREET (If rural, give location)	
STREET ADDRESS OFLLA AUE BOX 35	ADDRESS OELLA AVE BOX 3	3
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
DECEASED (Type or Print) ALFRED	JONES DEATH 4 6	195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 1 year Hourt	er 24 hra.
(Specify) WIDOWED	3-10-1874 yrs.	
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	
FREIGHT HANDLER K. IV.	MARYLAND COUNTRY?	9.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
BEALE JONES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or noknown) (If yes, give war or dates of		
70 0 150.113	SUMMERFIELD JONES DELLA	MP
18. MEDICAL CE	INTERVAL B	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	DEATH
Immediate cause (a) Corterioreleche	Cardiovascula Brean ?	
450. / Antecedent cause(s)		
Diseases or conditions, if any, (b)	ight fort - asternozebrote 4 mon.	HAS
giving rise to the above cause stating the underlying cause last	0 0	
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOF	SY?
	Yes 🖸	No Z
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.)	(CITY OR TOWN) (COUNTY) (STAT	E)
HOMICIDE		
TIME (Month) (Day) (Yoar) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
Account to the state of the desired from Account	1950, to agual 6, 1957, that I last saw the dece	hanaa
22. I hereby certify that I attended the deceased from	· 2.	
alive on	A.m., from the causes and on the date stated above.	
SIGNATURE (Degree or title)	ADDRESS DATE SIG	INED
Em G. Novemon, his.	Ellicating and 4/8/3	1
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 4-10-1951 January	RY OR CREMATORY LOCATION (City, town, or county) (S	tate)
Durial 4-10-1951 Family	we alla, mi.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL SUECTOR Junual DES	ue
4-9-11	1631 Army Will life.	
	221-11	

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

A DELCHE OR STAR					
1. PLACE OF DEATH- COUNTY Baltimore MARYIAND		2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY			
CYTY (IIid-		MARYLAND AL and LENGTH OF STAY	Maryla	and	
OR give nearest	rorporate limits, write RUR. Fort Howard	11 din dhis place)	TOWN Baltin	rate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION O' STREET ADDRE	R Vet. Adm. Hos	o.,Ft.Howard,Md.	STREET ADDRESS 1/12	(If rural, give location) Division Street	
3. NAME OF DECEASED	(First) JAMES	(Middle)	(Lant) JONES	4. DATE (Month) OF April	(Day) (Year) 12 .51
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 2-2-92	9. AGE last birthday If under Months	1 year If under 24 hrs
10a. USUAL OCCUP done during most of v Laborer	ATION (Give kind of work working life, even if retired)	10b. Kind of Business on Industry Railroad	Danville, V:	or foreign country) 1;	2. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAM Ellis Jon	E		Zura MN: Unl	N NAME	V 100 G
15. WAS DECRASED E	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)		17. INFORMANT AND		oward, Md.
		18. MEDICAL CE	RMFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediat	e cause (a)	PULMONARY EDEMA	• • •		UNKNOWN
450 Diseases or giving rise to	nf cause(s) conditions, if any, o the above cause underlying cause last	NONE			** PER 60 60 64 10 2 10 00 00 2 10 00 00 00 00 00 00 00 00 00 00 00 00
	(c)	100			I
Conditions contributed to the disease	CANT CONDITIONS uting to the death but not se or condition causing deat		RATION FOR CARC	INOMA OF THE LIP	
19a. DATE OF OPE 12-28-50		andings of operation ma of the lip			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (COUNTY)	
	(Day) (Year) (Hour) m.	INJURY OCCURRED White at Not White Work At work	HOW DID INJURY OC	CCUR?	
22. I hereby certi	ify that Vattended the		, 19.50, to April.	.12, 19.51 XXXXXXXXXX	ENV. Whie vide wear send
		d that death occurred at		e causes and on the date st	
JOSEPH M 23. BURIAL, CREM REMOVAL (Spec	MILIER, M. D.	. CHIEF SURGICAL	RY OR CREMATORY	FORT HOWARD, MD. LOCATION (City, town, or count	
		Baltimore N		Baltimore, Maryla	
REG. 14.	1951 R.W.	SIGNATURE	Charles R. La		ADDRESS Venue
1			1/1 1/1	Haltimone I A	In serve To sood

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE

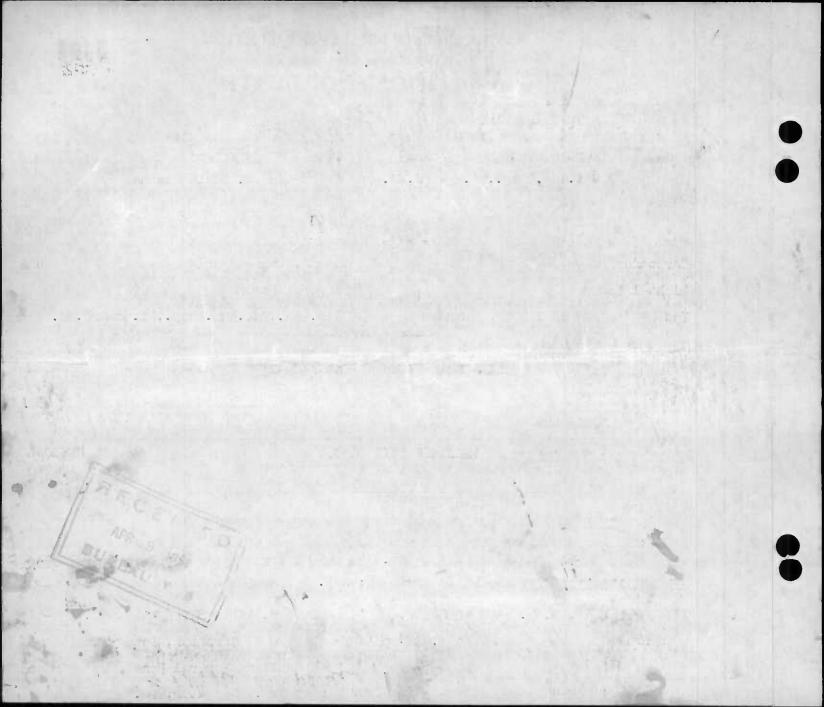
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

9431

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY		
OR give nearest town) OR TOWN OR HOWARD OR GIVE PORT HOWARD OR GIVE PORT HOWARD LENGTH OF STAY (in this place)					
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Vet.Adm.Hosp	.,Ft.Howard,Md.	STREET ADDRESS 746 W.	(If rural, give location North Avenue	n)
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	PATRICK	JOSEPH	KEARNEY	OF DEATH Apr	il 4 1951
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	s. DATE OF BIRTH 2-23-91	9. AGE last birthday If un Mon	nder 1 year II under 24 hrs.
done during most of working Bar tender	ON (Give kind of working life, evon if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Minoka, Pennsy		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN		00:2
Michael Kear			Margaret Hagen		
15. WAS DECEASED EVER I (Yes, To or unknown) (III)	yes, give war or dates o	1 16. SOCIAL SECURITY NO. Unknown	17. INFORMANT AND Clin.Rec., Vet.	Adm.Hosp.,Ft.H	oward, Md.
		18. MEDICAL CEI	RTIFICATION		
I. DISEASES OR CONDI	ITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATH
Immediate ca	nce (a) I	BILATERAL CEREBRAL	HEMORRHAGE		UNKNOWN
331X	(-,				
Antecedent ca	ause(s)				
Diseases or condi	itions, if any, (b)		***	<i>(4)</i>	
3 3 giving rise to the					
stating the under	lying cause last				
TI OBUED DIGNIBLEAD	(c)				
II. OTHER SIGNIFICAN Conditions contributing related to the disease or	to the death but not	PERIARTERITIS N	ODOSA		UNKNOWN
19a. DATE OF OPERAT	ION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
					Yes M No 🗆
21. ACCIDENT (S	Specify) PLAC	E (Home, farm, factory, street,	(CITY OR T	OWN) (COUN	
SUICIDE HOMICIDE	OF INJU	office bidg., etc.)			Add .
TIME (Month) (Da		INJURY OCCURRED	HOW DID INJURY OCC	TIP?	
OF INJURY	m.	While at Not While Work At work	11011 222 2110211 000	7014.	
22. I hereby certify t	that VAttended the	deceased from Nov. 1	19 50 to April	19.51 velentyly le	ACCRETOCK TO THE MENT AND A STATE OF THE STA
SIGNATURE	XXXXXXXXX and	d'that death occurred at 4.3. (Degree or title)	ADDRESS from the	causes and on the date	e stated above. DATE SIGNED
IRVING FREE	MAN, M. D., I	ACTING CHIEF, MEDI	CAL SERVICE, VA	H, FORT HOWARD	. MD. 4-5-51
23. BURIAL, CREMATIC REMOVAL (Specify)	ON DATE THEREO	NAME OF CEMETER St. Joseph's	RY OR CREMATORY L	ocation (City, town, or of Scranton, Penns	county) (State)
DATE REC'D BY LOC.			24. FUNERAL DIRECTOR	R	ADDRESS
REG.41 - 5 - 51	1 4. W	. Sacon	Howard Blight		6009 Harford
SHIP TO:	Frank Eager	Funeral Home 290	8 Birney Ave.,	Scrauton, Pa.	Baltimore, Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The barrect is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3492

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.		2. USUAL RESIDENCE (H		
COUNTY Baltimore	MARYLAND	STATE Maryland	O	OUNTY .
CITY (If outside corporate limits, write RITRAT, an	d LENGTH OF STAY	CITY (If outside corpora		and give nearest town)
OR give nearest town) Middle River	(in this place)	OR		
HOSPITAL OR		STREET	(If rural, give local	tion)
INSTITUTION OR STREET ADDRESS IVY Hall Nurs	sing Home	ADDRESS 7920	Shirely Ave.	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mont	h) (Day) (Year)
DECEASED (Type or Print) SUSANNA M.	C. K	CELLUM	OF DEATH April	21, 1951 19
5. SEX 6. COLOR OR RACE 7. S	INGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last hirthday If	under 1 year If under 24 hrs
remale white (DOWED, DIVORCED, Specify) Widowed	Sept 10, 1875	75 yrs. A	lonths. Days Hours Min.
	KIND OF BUSINESS OR USTRY	Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Frank Debelius				
15 Was Decraced Free In II S Apren Forces? 16	SOCIAL SECURITY NO.	17. INFORMANT		
(Yes, no, or unknown) (If year, give war or dates of		Mrs. Frances Ung	er 2421 F. Fr	avette St
10 s servico		MID: TIMECO ON	01 2122 10 10	.,
	18. MEDICAL CE	ERTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEAD			-1	ONSET AND DEATH
1500	olan- Hans	ulur-assi	ell-11	4-18-51
Immediate cause (a)	vu-vuva	www.ww	assy	
422 Antecedent cause(s)	1	stro Cardio	A.	
(in)	min Siles	Ital Culled	Messela	El Dina
Diseases or conditions, if any, giving rise to the above cause	vav-6000	our court	- purum	2913
stating the underlying cause last				
IL OTHER SIGNIFICANT CONDITIONS		00 00 00 00 00 00 00 00 00 00 00 00 00		***************************************
Conditions contributing to the death but not				
related to the disease or condition causing death. 19a, DATE OF OPERATION 19b, MAJOR FIND.	NGS OF OPERATION			A A A A TITLO DO TO
198. DATE OF OPERATION 198. MIAJOR FIND.	INGS OF OPERATION			20. AUTOPSY?
				Yes 🗆 No 🖂
21. ACCIDENT (Specify) PLACE (F SUICIDE OF Off HOMICIDE INJURY	Iome, farm, factory, street, ce hldg., etc.)	(CITY OR T	OWN) (COI	UNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJ	URY OCCURRED	HOW DID INJURY OCC	CUR?	
OF INJURY m. Wo				
		11 0		
22. I hereby certify that I attended the dec	eased from 4-18	19.57. to 4-2	19.0 that I	last saw the deceased
	The second secon			
alive on 4-21, 195, and the	at death occurred at	m., from the	causes and on the d	ate stated above.
SIGNATURE	(Degree or title)	ADDRESS	/	DATE SIGNED
Moungardier	MD	Ballo 6 M	ed	4-21-51
Burial (Specify) DATE April 24, 19	A STATE OF THE PARTY OF THE PAR		OCATION (City, town, o	
Burial April 24, 19	and the terms of t		7 1 2	
	951 Holy Redee		Baltimore, Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGN		24. FUNERAL DIRECTO	R	ADDRESS
REG. 24 5 REGISTRAR'S SIGN			R	ADDRESS

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) OR given nearest town) TOWN [Calculoty]]	I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR OR give nearest town) OR give nearest town) TOWN (ALONSVI) (a this place) OR TOWN Baltimore HOSPITAL OR STREET (If rural, give location) STREET (If rural, give location) ADDRESS OF Gladstone Avenue STREET ADDRESS OF Gladstone Avenue INDRESS SPring Grove State Hospital NAME OF (First) OECAST ADDRESS SPRING GROVE STATE HOSPITAL INDRESS OF Gladstone Avenue INDRESS OF Gladstone Avenue (If rural, give location) ADDRESS OF Gladstone Avenue (If rural, give location) (If rural, give location) ADDRESS OF Gladstone Avenue (If rural, give location) ADDRESS OF Gladstone Avenue (If rural, give location) ADDRESS OF Gladstone Avenue (If rural, give location) (If address of Gladstone Avenue (If rural, give location) (If address of Cladstone Avenue (If rural, give location) (If address of Cladstone Avenue (If rural, give location) (If address of Cladstone Avenue (If rural, give location) (If address of Cladstone Avenue (If address of Cladstone Avenue (If address of Cladstone Avenue (If unation and the part of Cladstone Avenue (If unation and the part of Cladstone Avenue (If unation and the part o	COUNTY Ral timore MARYLAND	STATE COUNTY Maryland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING Grove State Hospital 3. NAME OF DECRASED (Type or Irini) 3. NAME OF DECRASED (Type or Irini) 4. DATE (Month) (Day) (Year) DEATH ADDRESS 5. SEX OLOGO OR RACE (MIDOWED, DIVORCED) 5. SEX OLOGO OR RACE (Specify) Single (Specify	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)	
HOSPITAL OR STREET ADDRESS Spring Grove State Hospital STREET ADDRESS Spring Grove State Hospital ADDRESS Street		ns rown Baltimore	
STREET ADDRESS Spring Grove State Hospital ADDRESS 695 Gladstone Avenue Comparison of Comparison	HOSPITAL OR 30 days	STREET (If rural, give location)	1
NAME OF DECASED (First) Chief Ch	INSTITUTION OR.	695 Gladstone Avenue	/
Cachexia Course of Print JEANETTE S. EXT Country Count	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	Year)
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWEDD, DIVORCED, (Specify) Single 12-5-1887 63 yrs. Manths Days Min. 14	(Type or Print) JEANETTE	KINNATRD DEATH April 22	19 57
19a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 19b. Kind of Business or 11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! 13. FATHER'S NAME 14. MOTHER'S MAME 14. MOTHER'S MAME 14. MOTHER'S MAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under	24 hrs.
10-	Female White (Specify) single	12-5-1887 63 yrs. Manths Days Hours	Min.
14. MOTHER'S MAME 14. MOTHER'S MAIDEN RAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS Hospital Records, Catonsville, Md. 18. MEDICAL CERTIFICATION 18. MEDICAL	10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) INDUSTRY	COUNTRY?	WHAT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of leaves) 16. Social Security No. 17. Informant and address 18. Medical Certification 18. Medical Records, Catonsville, Medical Re	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Hospital Records, Catonsville, Md. Is. Medical Certification Interval Between Onset and Death Interval Between Death Interval	Raphael Alexander Kinnaird		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Lympho—epithelioma, left tonsilar region Interval Between Onser and Death Immediate cause (a) Lympho—epithelioma, left tonsilar region Unknown 4	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.		
Interval Between Onset and Death Immediate cause (a) Lympho-epithelioma, left tonsilar region Unknown Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Cachexia 6 months II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition acusing death. IPa. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No DK ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While How DID INJURY OCCUR?	service) NO	Hospital Records, Catonsville, Md.	
Immediate cause (a) Lympho-epithelioma, left tonsilar region Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Cachexia (b) Metastases to left supraclavicular region Unknown (c) Cachexia (d) Cachexia (e) Cachexia (o)	18. MEDICAL CE		
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Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Cachexia 6 months II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) SUICIDE HOMICIDE (INJURY) (STATE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	Immediate cause (a) Lympho-spithelio	ma, left tonsilar region Unknow	a
giving rise to the above cause stating the underlying cause last (c) Cachexia 6 months II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No X 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	Antecedent cause(s) Pleases or conditions (fany (b) Metastases to le	ft supraclavicular region Unknow	n
(c) Cachexia 6 months II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No X 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While HOW DID INJURY OCCUR?	giving rise to the above cause	ALL SALES AND AL	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No X 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	Cachavia	6 mon	ths
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No DK 21. ACCIDENT (Specify) OF office bidg., etc.) SUICIDE HOMICIDE INJURY INJURY How DID INJURY OCCUR? OF OFFICE OFFI OFFI	II. OTHER SIGNIFICANT CONDITIONS		
Yes No X	related to the disease or condition causing death.		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPS	Y?
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not While	SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
I T T T T T T T T T T T T T T T T T T T		HOW DID INJURY OCCUR?	
		1 50	
22. I hereby certify that I attended the deceased from Decamber 1950, to April 22, 19.51, that I last saw the deceased	22. I hereby certify that I attended the deceased from Deca 1	4., 195U., to April 22, 19.51, that I last saw the decen	used
alive onApril22, 19.51, and that death occurred at11:15p.m., from the causes and on the date stated above.	alive on April 22 1951 and that death occurred at	11-15 pm from the causes and on the date stated shows	
SIGNATURE (Degree or title) ADDRESS DATE SIGNED	SIGNATURE (Degree or title)	ADDRESS DATE SIG	NED
Spring Grove State Hospital	Spri	<u> </u>	
		nsville 28 Maryland 1/23/51	
SREMOVAL (Specify) 4/24/51 Lallymorf Hallymore	Florence deringer Joy a M.D. Cato	CONTRACTOR OF THE PROPERTY OF	-
DATE/REC DY LOCAL REVISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 12/4 ADDRESS	23. BURIAL, CREMATION DATE THE TEOR NAME OF CEMETE REMOVAL (Specify)	70 91.11	(te)
1	23. BURIAL, CREMATION DATE THE EOU NAME OF CEMETE REMOVAL (Specify) DATE RECORD LOCAL REVISERANS SIGNATURE	noy Hallymon All	(te)

of information carefully death clearly and legibly.

Supply every item write the causes of

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY Balto. MARYLAND CITY (If outside corporate limits, write RURAL and | LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)
TOWN Catonsville (in this place) Baltimore TOWN HOSPITAL OR INSTITUTION OR 16 Fusting Ave. House in the Pines STREET (If rural, give location) 1511 Park Ave. STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED AMELIA KIRWAN (Type or Print) DEATH 19 51 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year III under 24 hrs. Months | Days | Hours | Min. Jan. 27, 1866 female white (Specify) wi dowed 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT done during most of working life, even If retired) INDUSTRY COUNTRY? Maryland home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Miller 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war or dates of service) M. J. Dallas Kerivan - 1511 Park INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, % giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? tene of Right Flower -PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY 21. ACCIDENT (Specify) (CITY OR TOWN) SUICIDE HOMICIDE INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? While at Not While Fell down in her Room INJURY march 22, 195/m. Work 22. I hereby certify that I attended the deceased from 23, 195, to 3,25, 195, that I last saw the deceased alive on DATE SIGNED SIGNATURE (Degree or title) DATE THEREOF 23. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Bur REMOVAL (Specify) Loudon Park FUNERAL DIRECTOR REC'D BY VOCAL REGISTRAR'S SIGNATURE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3495

OPPOPIEIO ATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.	4.0
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY	02-00
MARYLAND MARYLAND	7444	Jally
CITY (If outside corporate limits, write RURAL and OR give nearest town) Resolution (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Angeline	Knight 4. DATE (Month) OF DEATH OF	(Day) (Year) 7 15/
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Transce	aug. 24, 1867 83 yrs. Months.	1 year If under 24 hrs. Days Hours Min.
done during most of working life, even if retired) 10b. Kind of Business or Industry Industry Industry	Oberdeer menjand	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Ulfred Greenland	tenknom	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service)	17. ROTORMANT, AND ADDRESS Bradshau	or Mid
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral hemy	vrhage	5 days
telegraphy annuals	erteral sclerctic heart desease	teas

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) INJURY		(OIAID)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Not Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from hour	4, 1951, to April 7, 195/, that I last sa	w the deceased
alive on April 7 , 1951, and that death occurred at SIGNATURE (Degree or title)	7-10 pm., from the causes and on the date standards	ated above. DATE SIGNED
Led O Hodows m.2	Edglivord mid	4-7-51
23. BURTAL, CREMATION DATE SAME OF CEMETE SEMOVAL (Specify) Of 10, 1951 NAME OF CEMETE	~ topper Falls Bush	5,6 Tul
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1 FUNERAL DIRECTOR Mc Corner	ADDRESS
	Bloggedon Jack	

VS. A15

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

3496₄/
Reg. Dist. No. 4/

1. PLACE OF DEAT	н.		2. USUAL RESIDENCE (I	HOME) OF DECEASED.	
COUNTY	Baltimore	MARYLAND	STATE Maryland	C(DUNTY Baltimore
	corporate limits, write RUF			ate limits, write RURAL	
OR give nearest		(to Abto olove)	II UK Pranda		and give nearest town)
TOWN	Dundark		10414		
HOSPITAL OR INSTITUTION O	R 2907 Page	Daviero	STREET ADDRESS 2007	(If rural, give locat	ion)
STREET ADDRE	ss 2501 Tage	DITAG	11 1201255 2907	Page Drive	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mont)	b) (Day) (Year)
DECEASED	John	P. K	nighton	OF	
(Type or Print) 5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	DEATH APT	
male	white	WIDOWED, DIVORCED.			under 1 year If under 24 hrs. onths Days Hours Min.
		WIDOWED, DIVORCED, (Specify) WLOOWED	Jan. 31, 1869	yra.	The state of the s
	ATION (Give kind of work		11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT
Watchman -	working life, even if retired)	Motion Pict. House	Baltimore, M	aryland	COUNTRY
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
Toh	n T. Knighton		Margaret A. P.	entz	
	VER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Yes, no, or unknown)	(If yes, give war or dates	of	John A. Knight	ADDRESS	sa Street
	Iservice)		1 aoun 4. Virigue	on, 1909 N. Re	se sureec
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
			1		ONSET AND DEATH
Immediat	(9)	1 Bronary	asterios	wa	Lan and into
1/50 I Illinedial	c cause (m)	2	/		
42 Vil Anteceder	nt cause(s)	Caliba a No.	B. 401.	. 0	at least
	conditions, if any, (b)	Corrary	as remos	clerous	1 year
9 4 Cy stating the u	o the above cause inderlying cause last	C			/
k /	(c)		4		1 100
II. OTHER SIGNIE	CANT CONDITIONS				
Conditions contribu	uting to the death but not				
	se or condition causing dea				
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY1
					Yes No 🗆
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR T	OWN) (COU	NTY) (STATE)
SUICIDE HOMICIDE	OF INJ	office bldg., etc.)			
TIME (Month)	(Day) (Year) (Hour)	I INJURY OCCURRED	HOW DID INJURY OC	CIIR?	
OF		While at Not While	11011 212 1110111 001	5014.	
INJURY	m.	Work At work	1		
00 T bb	of that T attanded th	a december of the one	1050	40	
22. I hereby cert	ny that I attended th	e deceased from Juna	, 19.4.4., to	, 19, that 1 I	ast saw the deceased
alive on	1000 1050 ar	nd that death occurred at 5	P. m m from the	severe and an the de	44.4.1 1
SIGNATURAL	100.00., al	(Degree or title)	ADDRESS	causes and on the da	DATE SIGNED
SIGNATOR	- 101	4		· · · · · · ·	O O A A
1 850	1) X ale	va mo . a	cyoo some	an Rd.	1 ans 51
23. BURIAL, CREM	ATION DATE THERE	OF I NAME OF CEMETE	RY OR CREMATORY 1	OCATION (City, town, or	(5444)
REMOVAL (Spec	(ify) //10/57	Baltimore		Baltimore.	Maryland (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO		ADDRESS
7.7	350		Nm. Cook, Inc	1217 St.	Paul Street

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98		rect
131)	COLLE
~		The

2411 N. Charles Street, Baltimore

3497

CERTIFICATE OF DEATH

Reg. Dist. No.

COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	STATE COUNTY Baltimore
OR givo nearest town) TOWN Parkville (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
HOSPITAL OR INSTITUTION OR 8320 Beryl Road	STREET (If rural, give location) ADDRESS
STREET ADDRESS	8320 Beryl Road
3. NAME OF (First) (Middle) DECEASED (Type or Print) E. HILDA KOLLER	(Last) 4. DATE (Month) (Day) (Year) OF April 9,1951 19
Female 6. COLOR OR RACE Widoweb, Divorceb, (Specify) Married	July 7.1904 9. AGE last birthday If under 1 year Hunder 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) 10b. Kind of Business or Industry home	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Thiel	Caroline Schmidt
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, Wo or unknown) (If yes, givs war or dates of service)	17. INFORMANT AND ADDRESS Elmer C. Koller, 8320 Beryl Road
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onset and Deate
Immediate cause (a)	a 3 mos
153X Antecedent cause(s) Christian Diseases or conditions, if any, (b) Christian	a of figuroid 1 year
46 a giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
192. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	, , , , , , , , , , , , , , , , , , , ,
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from april	1, 1950, to april 9, 1951, that I last saw the deceased
	5 2 0 0
alive on and that death occurred at	ADDRESS DATE SIGNED
9-M. Burngardyer MD	Julto 6 mg 4-9=51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE BUTIAL Parkwood	Parkville, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL PARSETOR 1219 11 ADDRESS
	The state of the s

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

3498

Reg. Dist. No. 33

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Ē	1. PLACE OF DEATH. COUNTY BACKS MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	Balt.
fully jbly.	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Restarting (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Resolvents	va nearest town)
n carefully.	HOSPITAL OR INSTITUTION OR STREET ADDRESS DOVER Rd.	STREET (If rural, giva focation) ADDRESS Down Rd	
natio rly a	3. NAME OF DECEASED (First) (Middle) (Typa or Print)	(Last) 4. DATE (Month)	(Day) (Year)
ly every item of information the causes of death clearly an	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last hirthday II under Months Oct 19, 1869 81 yrs.	
m of	10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired) 10b. Kind of Business or Industry Agricult	11. BIRTHPLACE (Stata or foreign country)	2. CITIZEN OF WHAT COUNTRY?
ry ite	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
y eve	16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no, or unknown) (II yes, give war or dates of service)	17. INFORMANT AND ADDRESS THE ROSA Kerman	(wife)
E D	18. MEDICAL CE		
Suppl	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
0 2		×	ONSET AND DEATH
INK. please	Immediate cause (a) Artervoscle	rotic T-V. Disease	1042
Zd	TATILITY CHUSC	**************************************	
E to m	422 (Antecedent cause(s)		
N a	Diseases or conditions, if any, (b)	**************************************	
<u>e</u> :	otating the underlying causa last		
AI			
UNFADING t. Physicians:	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ace & Laurated Scalp.	1/2 hr.
HE	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	· · · · · · · · · · · · · · · · · · ·	1 20. AUTOPSY?
Ef	nove. Troub		V. D. N. D.
WI	21. EXTERNAL CAUSE WAS PLACE (Home form factory street	(CITY OR TOWN) (COUNTY)	Yes No W
	PRIMARY OR CONTRIBUTING OF office bidg, etc.) CAUSE OF DEATH. OF INJURY Darn on Fars	Reisterstown Balts	. ma
LAINLY especially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
Z.5	OF INJURY ARY 16'51 3:3 %? While at work 12 at work 12	Decessed Fell + struck for	e en harre
Y d		1 des	LE.
PLAI s espec	22. I certify that I took charge of the remains described above, held an I	Autopsy . Inspection X. Inquiry thereon and	from the evidence
田.产	obtained by said Autopsy, Inspection or Inquiry, find that said dece	eased died on the dry stated above, and death in my	opinion resulted
-	from: natural causes X, accident , suicide , homicide , SIGNATURE (Degree or, title)	ADDRESS	DATE SIGNED
~	and a see med		
2	D. D. Caples, M.D. Fram.	Reistorstown, and.	4-17-51
SASE	23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE PROVINCE (Specify) OFFICE 18-51	TY OR CREMATORY LOCATION Gity, town, or coun	
LE	DATE REC'D BY LOCAL LEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Δ,	REG. 4-17-51 Dary B. ELine.	Edu. C. Typton Ham	estead med

VS. A15A

MARGIN RESERVED FOR BINDING

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Laster V

2411 N. Charles Street, Baltimore

3499

0		CERTIFICAT	TE OF DEAT	H Reg. Dis	t. No
1. PLACE OF DEAT	rh.		[2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY	1.0	MARYLAND	Maryland	CO	Baltimore
CITY (II outside	corporate limits, write R	URAL and LENGTH OF STAY		ate limits, write RURAL a	
OR give neare	st town)	(in this place)	OR		ad givo monicae sown,
	osedale	1	TOWN Rosed	(If rural give location	
HOSPITAL OR INSTITUTION (STREET ADDR	OR ESS 913 Ros	sedale Ave.	ADDRESS	Rosedale Av	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month	
DECEASED	W1	т.		OF DEATH A DEA	
(Type or Print) 5. SEX	Florence	1 7 SINGLE MARRIED	arduskey 18. DATE OF BIRTH		19 19 19 19 19 19 19 19 19 19 19 19 19 1
		WIDOWED, DIVORCED.		M.	under I year If under 24 hi onths Days Hours Min
Female	White	(Specify) Single	Nov. 22,1875	75 yrs. l	
	PATION (Give kind of wo working life, even if retire	d) Indigrav	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
RetirediMe	oil clark)	Telephone	Maryland		000000
13. FATHER'S NA	me clerk)		14. MOTHER'S MAIDEN	NAME	
Thomas I	Larduskey		Mary L. Mes	Бе	
15. WAS DECEASED	EVER IN U.S. ARMED FOR	CES? 16. SOCIAL SECURITY NO.	1 17. INFORMANT		
(Yes, no, or unknown	a) (If yes, give war or dat	es of	Man Comment		
	service) =====	18. MEDICAL CI	Mrs George	Garrison .	
122 Anteced Diseases of giving rise	ent cause(s) r conditions, if any, to the above cause a underlying cause lnst (c)	1	ulu audis-V		inse 2 yes
U OTHER SIGNI	FICANT CONDITIONS	11 1	-		1111111
Conditions contri	buting to the death but no	or Hemyslege	ec .		4400
related to the dis	ease or condition causing d	eath.			1 20. AUTOPSY?
19a. DATE OF OP	ERATION 196. MAJO	R FINDINGS OF OPERATION			20. AUTOPS11
					Yes No
21. ACCIDENT SUICIDE HOMICIDE	0	LACE (Home, farm, factory, street, F office bldg., etc.) JJURY	(CITY OR	TOWN) (COU	NTY) (STATE)
) (Day) (Year) (Hour		HOW DID INJURY OC	CUR?	
OF INJURY	n	While at Not While Work At work			
				1	
22. I hereby cer alive of SIGNATURE	rif 3 , 1951,	and that death occurred at.			
111111111111111111111111111111111111111	umgard	nee /III /	xulos /m		7-0-01
_REMOVAL (Sp	MATION DATE THEI			LOCATION (City, town, or	county) (State)
Burial DATE REC'D BY		SSIGNATURE	24. FUNERAL DIRECTO	Raltimore DR	ADDRESS
REG.	10 1	6111.11	Tales A 15	2000	

VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3500

CERTIFICATE OF DEATH

eg. Dist. No. 33

I. PLACE OF DEATH. COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Rural (in this place)	CITY (It outside corporate limits, write RURAL and give nearest town) OR TOWN Rura
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print) Joseph	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Off 29 196
5. SEX (Specify) (Specify) (Specify)	S. DATE OF BIRTH 9. AGE last birthday II under 1 year II under 24 hr Months Days III under 24 hr Yes. Months Days III under 24 hr
10a. USUAL OCCUPATION (Give kind of work done during most of working iife, even if retired) 10b. Kind of Business or Industry Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 25.6
13. FATHER'S NAME Known	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (11 yes, give war or dates of service)	17. INFORMANT AND ADDRESS
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Lehronic 35.	yocarditio 5/25
422 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	lerosis 20 yrs
93d stating the underlying cause last (e) Constituation	in (chronica) - 1 week
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from .	1, 1950, to Afrang, 1950, that I last saw the deceased
alive on 1950, and that death occurred at	. 6.4 m., from the causes and on the date stated above. ADDRESS DATE SIGNED
Quril & Fortle From.	Uppereo mel.
BEMOVAL (Specify) May 15-1 St Kee	RY OR/CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 4-29-31 Mary 3. 2 ine.	Solu (Y Staton Men hate
	900 610 2018



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Evidence for change in 8 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3591

FILM NO. G 1 - APP 16 105 CERTIFICAT		
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-	,
/Sa/to. MARYLAND	Md Bulto	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
OR givo nearest town) Bairo. Co (in this place) CS. 475	TOWN ENGLISH CONSUL	
	STREET (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28/9 Rose Ave English Consul	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Throat Print)	OF OF	
(Type or Print) Charles, H 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	S. DATE OF BIRTH 75 9. AGE last birthday If under 1	8 1957
WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1	Days Hours Min.
M. (Specify) Married	JUNO. 19. 1876 75 ym.	Days Liouis Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY	0 4	COUNTRY?
Farmer Truck Farm	Balto. City	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John, LeisTNer	Augusta Mintz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	6
(Yes, no, or unknown) (If yes, give war or dates of		Engish Consu
N Ø service)	Mrs. Chas, H. LeisTNer. 2819. Rosa	Ale. Bullico
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
		ONSET AND DEATH
/VIVELDID	LEUKEMIA	1 YR
Immediate cause (a)/ 17 LLO19	LECKENIN	
19 04 / Antaradout course(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause	**************************************	
140 stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No K
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(OIII OIL IOWA) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
INJURY m. Work At work	1	
May 1	note Donie a soci	
22. I hereby certify that I attended the deceased from MAY 12	, 19.3.9., to/Tr.K.(, 19.3.1, that I last sa	w the deceased
DODING OF LOCAL STATE OF THE ST	130 0	
alive on APRIL 7 , 1951, and that death occurred at 8		ited above.
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
10/1/ N	ala Bel R Olasza W. A	4/0/-
(Culling possibly 11-1. 7736 wash	ungray burg sacro-so, rud.	1/7/51
	RY OR CREMATORY LOCATION (City, town, or county	y) (State)
REMOVAL (Specify) 1/, 1/ (-,	1-11	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	124. FUNERAL DIRECTOR	Mas
REG.		ADDRESS
AND A JAH	Jusqua Janual Home 7401 Belin Rd.	BALLAMA
		77

2411 Washington Block. It little 18- elie G . I

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Diet No. 3

GERTIFICAT	E OF DEATH Reg. Dlst. No	
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
BELL LINOLE MARYLAND	1.1Q. •	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Catonsville (in this place)	CITY (If outside corporate limits, write RURAL and give ness OR TOWN Catonsville	arest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4444 Greenlow Road	STREET (If rural, give location) ADDRESS4444 Greenlow Rd	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Stephen Michael	(Last) 4. DATE (Month) (De Liberto DEATH April 26)	(Year) /51 19
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 116 Le	8. DATE OF BIRTH 9. AGE last birthday If under 1 year Months Day yrs.	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) 10b. Kind of Business or Industry	Baltimore, Md.	TIZEN OF WHAT
13. FATHER'S NAME Salvadore Liberto	Frances Brocato	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Mr. Salvadore Liberto, 444 Gre	enlow
18. MEDICAL CE		Rd
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 Near Decree	SET AND DEATH
Immediate cause (a) Con yould	1 Han Turene	Buch
Antecedent cause(s) Diseases or conditions, if any, (b)		***************************
giving rise to the above cause stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20.	AUTOPSY?
		Tes No O
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	MA
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from and	7, 19.5%, to agril 26, 19.5%, that I last saw	the deceased
alive on April 16., 19.5., and that death occurred at SIGNATURE (Degree or title)	ADDRESS D	above.
Um M derkital m 1)	. 5402 Edmondera 4	-27-51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE BUTIAL (Specify) April 28/51 New Cather	Dal trimana	(State)
DATE DEC'D BY LOCAL REGISTRAR'S SIGNATURE	Vary Huistel 101 Edmondson	DDRESS TVC.
2-2-2-0-24 1 40.4 Van		

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MARYIAND STATE DEDARMENT	DEPARTMENT-	BALTIMORE, 18
100 P o to Vo		Registered No

1- 1	É	RTH NO.	E OF BEATH		manufacture of the same of the
1 2 3		NAME OF DECEASED		2. DATE	
FV	(T	pe or Print) Jahra Lilly		DEATH AN. 8.	1951
	3.	PLACE OF DEATH: Baltimore Gity, Maryland Maryland L Martin	4. USUAL RESIDENCE (WI	nere decemsed lived. If insti B. COUNTY	tution : residen e before admission)
TE V		FILL NAME OF (If not in hospital or institution, give street address or	md		
. S.		SPITAL OR STITUTION location	c. CITY OR TOWN (If o	outside corporate limits, wr	township
I A	III	A. ahlllitt. skiddline	Balto.	1	
y.	-	Yrs.	D. STREET ADDRESS (If r	ural, give lecation)	1
carerully egibly.		Length of stay in Baltimore 4 2003. Mos. Days	2502 Jelle	nost.	
should be carerularly and legibly.	-	SEX 6 COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years If Under	1 Year If Under 24 Hours
be	٥.	IDOWED, DIVORCED (Specify		last birthday) Months	Days Hours Min.
ld	2	rule White married	Oct. 2-19081	42	CITIZEN OF
on shou		A. USUAL OCCUPATION (Give kind of during most of working life, even if retired) A. USUAL OCCUPATION (Give kind of log. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or for	eign country) 12.	WHAT COUNTRY?
sh	4011	Extricion Gleon & Martin	W. l'irain	ia	
e e	13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	
th		1.11	301.0.4	1 1	
NG rmati death	1.5	. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL	many m	ADDR	0500
BINDING of information uses of death cl	(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ALLE ADDR	1/1 1/2
S a s		V V	Hattie M s	Illy 25026	khlerson S.
of of uses		18. CAUSE	OF DEATH		INTERVAL BETWEEN
6 6		DISEASE OR CONDITION DIRECTLY			
EOR 1	-	LEADING TO DEATH Elect	rocution		
中野		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	***************************************	••••••••••••••	• • • • • • • • • • • • • • • • • • • •
Ever Write	CA	injury or complication which caused death.) DUE TO			
ERVED E. Ever e write	1	ANTECEDENT CAUSES			
El Ple	73	193 (B)		***************************************	20. AUTOPS Y 7
200	O	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		YES NO
出。	AL		in or 21c. WHERE DID (I	f in Baltimore City, give	
WITH rtant.	DIC.	21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB-		in Dalminote Oloj, give	6
or or	ED	UTING [] CAUSE OF DEATH. Industrial place	Glenn L. Mar		
w Min	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	ED 21F. HOW DID INJURY	occur? Electroc	uted wh
Z	L	OF INJURY April 8, 1951 AND WHILE AT WORK AT WORK	working on an	electric swit	oh.
PLAINLY, WITE			.4 1	THE RESERVE OF THE PARTY OF THE	hereon and from
PL		22. I certify that I took charge of the remains described	Autousy. I	Aspection or Inquiry	
Espe		the evidence obtained by said Autopsy, Inspection or	Inquiry, find that said de	ceased died on the c	lay stated above,
	14)	and death in my opinion resulted from: natural cause	es [], accident [], suicide	, nomiciae , una	eterminea [1.
e k		234. SIGNATURE	23B. CHIEF MEDICAL E		DATE SIGNED
age A		William Vortex	M.D. MEDICAL INVESTIGAT	OR DI	COUNTY 222 del
20		4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LO	CATION (City, town,	73737
OLEAS correct	1	Removal 417 51 Premeet	In Vien	andon 11	1. 12.
H	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	AI	DDRESS
0	1	The series of the series williams with	1 1 19 19 19 19		20 4 2 Cm
	-	All II o los l			

2411 N. Charles St., Baltimore

3504



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PLAINLY, A TH. C. . A

CERTIFICATE OF DEATH

Reg. Diat. No.

.4	
1. PLACE OF DEATH: Baltynole County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State CAYY O County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, hive LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME JULIA ANN O	BRYAN LINE 3.(b) Social Security Number
Female White Widowed or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. A PYI 6 195/ 25 A.
8.(b) Name of husband or wife William Line	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
7. Birth date of deceased (mo., day, yr.) Sop tember 27, 1881	Immediate cause of death
8. AGE: Years Months Days It less than one day 9°	Uremia 3 mos
8. Birthplace Baltimore Maryland Town, county, and state Town County, and town Co	Due to Hyper tensive carais 10 years
10. Usual occupation	Vascular, disease
11. Industry or business 12. Name GEOTGE OBYYAN	Other conditions Diabetes mellins 104821.
13. Birthplace Unknown	(Include preparity within 3 months of death)
14. Maiden name Rose Rexrode 6. 15. Birthplace Unknown	Major findings of operations.
15. Birthplace Unknown	Date of op.
16. Informant / CHA Para Local Rd Warding 2 Md	Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.
Burial Date Merapi April 10,1951	22. VIOLENCE: II death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) (month) (usy) (year)	Accident, suicide, or homicide
Wandleyn Md.	(City or town) (County) (State)
Thether & Cluxoreall	Means of Injury Injured at work?
Address 4510 Liberty Heights Ave.	millord / Trabad & M.S.
19. 4-8-11 19. Registrar (Date rec'd by registrar) Registrar	Address 3400Woodbine Are, Balt 7. May organd 44 6 67

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT)	Deleman
CITY (If outside corporate limits, write BURAL and LENGTH OF STAY	CITY (If outside corporate limits, write BURAL and give	re nearest town)
OR give agereat toyale (In this place)	OR 12 / 11 1/2	11 600
HOSPITAL OR	STREET (If rural, give location)	Ca. VVC
INSTITUTION OR	ADDRESS	
STREET ADDRESS Vy Morelled Ame	(Last) 14. DATE (Month)	
3. NAME OF (First) (Middle) DECEASED	MARIA OF OF	(Day) (Year)
(Type or Print) (on SIAN CE	18. DATE OF BIRTH 19. AGE last birthday I I under	190
6. COLOR OF RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify) 1. 0.6 24 6.0	// / / / / / Months	
10a, USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Lithuania	COUNTRY?
13. FATHER'S, NAME	114 MOTHER'S MAIDEN NAME	
(P) 8	CAMETANICE 1/11 C/T	= VICH
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.	1 17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of	CONSTANCE TARroza	
18. MEDICAL CE		T
		INTERVAL BETWEEN ONSET AND DEATE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0. 20.	48
Immediate cause (a) Ventrie u	las tiffellation	10 WINS
31× Inimediate cause		
Antecedent cause(s)	Hemarkaer	20 MINS
Diseases or conditions, if any, giving rise to the above cause	AND THE RESERVE OF TH	
stating the underlying cause last	in Varalas Disease	In who.
(c) Flypottens	200 000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	esolis; Obloateleitio	9 yrs.
19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
THOUSE THE PROPERTY OF THE PRO	2 5 41 - 51	
22. I hereby certify that I attended the deceased from 3/1.	3, 1951, to	aw the deceased
4/1 10 SI and that double accurred ato	2',30 C.m., from the causes and on the date st	etad shave
alive on	ADDRESS	DATE, SIGNED
Q. Jay Rad M.D.	434 Eastern are. #21	4/1/51
9. 9. 1		7/
DEMOVAT (Specify)	ERY OR CREMATORY LOCATION (City, town, or coun	AL -7-1
	edeemer Below Rd. B.	alto Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	39. FUNERAL DIRECTOR	ADDRESS
REG. 4/3/51 aw Herrich	Loseph / souches inc. 430	Hoyelough

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

573 246

I. PLACE OF DEATH-	6	2. USUAL RESIDENCE (HOME) OF I	COUNTY BALTA
CITY (If outside corporate limits, wri	MARYLAND te RURAL and LENGTH OF STAY	CITY (If outside corporate limits, wr	ite RIIRAL and give nearest town)
OR give persent town 15700	UN Sinds.	TOWN PANDALLS	
HOSPITAL OR	Care B	STREET Chru	al, give location)
INSTITUTION OR STREET ADDRESS DEER	PARK KD	ADDRESS DEER KAI	ek ko
3. NAME OF (First) DECEASED	(Middle)	(Last) 4. DATE OF	(Month) (Day) (Year)
(Type or Print)	ELZEY	DEATI	
MALE WHITE	ACE 7. SINGLE MARRIED WIDOWED, DIVORCED, (Specify)	SEPT. 21-1871 9. AGE last	birthday If under 1 year If under 24 hrs Montba Days Hours Min.
10a. USUAL OCCUPATION (Give kind	of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign cour	
done while prost of most or life, en Il	1841LDING		GTO CO. COUNTRY! USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
NATHAN C. M	AIHEK	Emma BRIS	COE
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unknown) (If yes, give war o		17. INFORMANT AND ADDRESS	vee
service)	(K) 6 17 174 -	MRE JOHN MATT	TEK WIFE
	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRI	ECTLY LEADING TO DEATH		ONSET AND DEATE
	CONSECTIVE	HEART FAILURE	2 mas
Immediate cause	(a) L 0/03 F 3//02	(GAN)	
Antecedent cause(s) Diseases or conditions, if any,	(b) BRONCHIAL	ASTHMA	15- YRS.
classification of the state of	Par receive		2 400
		TASIS CHRON	/C 5 / E 3
II. OTHER SIGNIFICANT CONDITION Conditions contributing to the death be related to the disease or condition cause.	ut not		
19a. DATE OF OPERATION 19b. M			20. AUTOPSY?
			Yes No 2
21. ACCIDENT (Specify) SUICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY	m. While at Not While		
		- Ca Pagi K C	,
22. I hereby certify that I atten	ded the deceased from Sell	, 1950, to BPRIL 1, 1951	, that I last saw the deceased
Appli 11 15	and that dooth assumed at	230 P.m., from the causes and	d on the data stated above
SIGNATURE S	Degree or title)	ADDRESS	DATE SIGNED
Thomas C. L.	Treeler MD	Kandallsto	wn Md - 4-11-51
23. BURIAL, CREMATION DATE	THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
BIRIAL (Specify) A.P.R.I	4 14, 1951 Enther	al benefery. Bal	timore, Md.
DATE REC'D BY LOCAL REGIST	TRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG /13/5-1	W/ todatel	6 Vernon Lemonon, 461	Park Hats. Balto. md.
		The state of the s	7.71

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

E	BI	RTH NO.	0 1		CERTIFICAT	E OF DEATH	negistered N	0
E		NAME OF D	ECEASED SE	timore	GROUNTY		2. DATE	735117
100	/T	you or Frint	a Minn	. 1	Meyerls.		OF APII	119,1951
		PLACE OF D	EATH:	7200	1. 11.		CE (Where deceased lived, If is	
ME)			City, Maryland	128 KE	dwood Muf.	A STATE	B. COUNTY	before admission)
ME		FULL NAME OSPITAL OR	OF (If not in hosp	oital or institut	ion, give street address of location		mere,	· (O(.
2		STITUTION				C. CITT OR TOWN	(If outside corporate limits,	township)
Ď.			*			809 (a)	or avenue	
car					Yrs. Mos.	D. STREET ADDRESS	6 (If rural, give location)	
(1)			tay in Baltimore		Day			V
ld be	5.	SEX	6. COLOR OR RAC		E. MARRIED. /ED. DIVORGED (Specific	8. DATE OF BIRTH	9. AGE (In years II)	inder Year Il Under 24 Hours ths: Days Hours Min.
	3	tucals	White	311	arried	73/189	1 60	
on should clearly a	10	A. USUAL OC	CUPATION (Givekind	of 108. KIND	OF BUSINESS OR	11. BIRTHPLACE (Star	te or foreign country)	12. CITIZEN OF
0 1	WOL		of working life, even if retire	0	INDUSTR	Bal	or we	WHAT COUNTRY?
tion h c	13	. FATHER'S N		1 20	a mone c	14. MOTHER'S MAID	EN NAME	
rmati death			Tolal W.			7.		
d i i	15	WAS DECEASE	onno	-07	1		KNOWN	
information of death cl	(Ye	s, no or unknown)	O EVER IN U.S. ARM (If yes, give war or de	tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
of i	_	No				MICHOLRON,	UzyEno 809	atore aux
K E		18.			CAUSE	OF DEATH		INTERVAL BETWEEN
ا ه يد د		DISEAS	E OR CONDITION	DIRECTLY	. /	+ 4.		ONSET AND DEATH
thi			LEADING TO DE	ATH	tlyps	slaTic knew	unorcia	24 hours
te ver		heart failu	re, asthenia, etc. It m	eans the diseas	se,	F		
Ever write		injury or	complication which	caused deatl	n.) DUE TO			
5 · 0			ANTECEDENT CA	JSES	Hupert	vario (radio	uscular dis	8 were
EST	S O	DISEASE	S OR CONDITIONS	IE ANY CIVIL	(B)///		ovided as	o Lears
Z 1.4	Ě	RISE TO T	HE ABOVE CAUSE (A) STATING T	HE DUE TO	porce	churchus	
ZZZ	CA	UNDERL	ING CONDITION	LAST. 5-9	1 (1)	/	0 - 0.	
DI G	Ē	2601		,	, collus	use permot	ignature nephron	10 years
MAKGIN UNFADIN(Physicians:	RT	OTHER	II SIGNIFICANT CON	O PITIONS CO		10-		
MA UNF Phys	ш	TRIBUTING	TO THE DEATH, BU	T NOT RELAT	ED A	abites	at Gast	10 years
D4	0		F OPERATION		FINDINGS OF OPE	RATION		20. AUTOPSY?
HH	AL		-	100	1111211100 01 011			YES NO W
WITH rtant.	0	21A. ACCIDE	NT. SUICIDE.	218. PL	ACE OF INJURY (e. g.	in or 21c. WHERE DID	(If in Baltimore City, gi	
ori	ED	HOMICIDE	(Specify)		farm, factory, street, office bldg			
LY, WITH	Σ			1			Ulumu accuma	
		OF INJURY	(Month) (Day) (Yea		21E. INJURY OCCUR		NJURY OCCUR?	
E V			-	m.	WHILE AT NOT WHILE WORK AT WORK			
E P		22. Thereb	u certifu that I a	ttended the	deceased from au	ust 14 1950	to April 19, 1951	that I last saw the
हा थ		deceased	ine on April 1	G 195/	and that death occ	irred at8: 45 P.m. fr	rom the causes and on th	e date stated above.
		29A SIGNA				23B. ADDRESS	1-0	23c. DATE SIGNED
e is		Tas	elus 1. (rag	90/ M.D.	- 3812 gree	umous/ lles	and 19 51
E SE		A. BURIAL.		1	24C, NAME OF CEMET	ERY OF CREMATORY 2	24D. LOCATION (City, town,	or county) (State)
AS]	TIC	N. REMOVAL	pec 4/2	3/51	Hole Re	1562162	Balto :	ned.
PLEASE WI	D	ATE RECEIVE	D BY REGISTRA	R'S SIGNATU		25. FUNERAL DIREC		ADDRESS
PL		CAL REGIST	RAR O	./		1054 (2 4 8	10100 04 5	000
	4	zne 21.1	151 11.M.	V		190- 001 B	10.127 01.12	enl V.

2411 N. Charles Street, Baltimore

3508

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH. COUNTY Desturion	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COU	NTY Baltin
CITY (If outside corporate limits, write RURA OR give nearest town) TOWN	L and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL an OR TOWN	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (736 W)	ina s	STREET ADDRESS 79 (If rural, give location	1)
3. NAME OF (First) DECEASED	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	1/the	COOL DEATH	J 29 1941
6. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If us Mon	oder 1 year If under 24 hrs. ths Days Hours Mfn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even ff retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	~	14. MOTHER'S MAIDEN NAME	12-39
Robert Thos.	Horse Di.	Harriet G	4
15. WAS DECRASED EVER IN U.S. ARMED FORCES?		17. INFORMANT AND ADDRESS	6 Mrs - Mari
(Yes, no, or unknown) (If yes, give war or dates of service)	none	Walter W. Marsh Is 12	of the gar
	18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY I	EADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	2-19	**	3-1
Immediate cause (a)		with	700
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Let the	- illesia	30la
stating the underlying cause last (c)	Greene	I fre a la como	24/19/2
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Dioheter.	mellin wild	3 mass
19a. DATE OF OPERATION 19b. MAJOR FI	NDINGS OF OPERATION		20. AUTOPSY?
mons.			Yes No A
21. ACCIDENT (Specify) PLAC OF HOMICIDE INJUS	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUN	
	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the	deceased from Hab	13, 195/, to 3/29195/, that I las	it saw the deceased
alive on 29, 19/, and SIGNATURE	that death occurred at	ADDRESS and on the date	stated above. DATE SIGNED
BBBburr	augh 1609	man & Elevida 27:	my 4/29/37
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) 5/2/51	Loudon Pa	RY OR CREMATORY LOCATION (City, town, or c.rk Com. Balto. Md.	ounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S S	IGNATURE CONTINUE	24. FUNERAL DIRECTOR June & June	Dalla
			- MAA

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

13e	3	5	1	9	
		00	00	3.7	

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH Mt Pleasant Agenta			
Balli seerel	ARYLAND STATE	ESIDENCE (HOME) OF DECEAS	COUNTY
OR TOWN give nearest town) Reinterstown (in	This place) OR TOWN	outside corporate limits, write RUF	AL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WT. Pleasant Rounts 2	STREET ADDRES	3849 Boarmay	location)
3. NAME OF (First) (Middle DECEASED (Type or Print) Hyman	MILLER	OF DEATH	Month) (Day) (Year
5. SEX While 6. COLOR OR RACE 7. SINGLE, WIDOWED (Specify)	MARRIED, BOATE OF	BIRTH 9. AGE la birthda	Months Days Hours Min
done duriff host of working life, even if retired) 10b. KIND of Industry		LACK (State or foreign country)	COUNTRY OF WHAT
13. FATHER'S NAME Miller	14. MOTHE	R'S MAIDEN RAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	SECURITY No. 17. INFORM 23 -4275	ANT	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO	8. MEDICAL CERTIFICATION DEATH		INTERVAL BETWEE ONSET AND DEAT
Immediate cause (a) Pulmo	mary Hemory	hoge	
Antecedent cause(s)	wary Hemory wary Tuberce	Paris	4 years
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	- VILLAGO VILLAGO		(year
II. OTHER SIGNIFICANT CONDITIONS		00 0000 0 000 0 00 0 0 0 0 0 0 0 0 0 0	***************************************
Conditions contributing to the death but not			
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF	OPERATION		20. AUTOPSY?
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF 21. ACCIDENT (Specify) PLACE (Home, farm SUICIDE OF office bidg., e	n, factory, street,	(CITY OR TOWN)	20. AUTOPSY? Yes No (COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF 21. ACCIDENT (Specify) PLACE (Home, farm SUICIDE OF office bldg., e INJURY OCCOPT OF OFFICE (Month) (Day) (Year) (Hour) INJURY OCCOPT OF OFFICE OF OTHER OCCUPANT OF OF OTHER OCCUPANT OF OTHER OCCUPANT OCC	a, factory, street, tc.)	(CITY OR TOWN) INJURY OCCUR?	Yes No b
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF 21. ACCIDENT (Specify) PLACE (Home, farm OF office bidg., e INJURY INJURY OCCUPATION INJURY OC	curred HOW DID Not While At work	injury occur?	Yes No (COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF 21. ACCIDENT (Specify) PLACE (Home, farm office bidg., e INJURY OF OF INJURY INJURY OF OF INJURY INJURY OF INJURY While at Work 22. I hereby certify that I attended the deceased for alive on the state of the sta	curred at 5 20 a., factory, street, te.) CURRED HOW DID HOW DID HOW DID	injury occur?	Yes No (COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF 21. ACCIDENT (Specify) PLACE (Home, farm office bidg., e INJURY OF OF INJURY INJURY OF OF INJURY INJURY OF INJURY While at Work 22. I hereby certify that I attended the deceased for alive on the state of the sta	curred HOW DID Not While At work	INJURY OCCUR?	Yes No (COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF 21. ACCIDENT (Specify) PLACE (Home, farm OF office bidg., e INJURY INJURY OCC. While at INJURY INJURY INJURY 22. I hereby certify that I attended the deceased for alive on INJURY	curred at 5 20, nee or title) M.O. ADDRESS	to April 4, 19.5.1., that in, from the causes and on the Pleasant San Reisters box, latory Location (city, to	Yes No (COUNTY) (STATE) t I last saw the deceased e date stated above. DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF 21. ACCIDENT (Specify) PLACE (Home, farm OF office bldg., e HOMICIDE OF office bldg., e INJURY INJURY OCCUPANTION INJURY OCCUPANTION INJURY INJURY INJURY 22. I hereby certify that I attended the deceased for alive on INJURY	curred at 5 20 nee or title) M.O. ADDRESS	to April 4, 19.5.1., that in, from the causes and on the Pleasant San Reisters box, latory Location (city, to	Yes No (COUNTY) (STATE) t I last saw the deceased e date stated above. DATE SIGNED MATE (STATE)

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3510 4 Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY BOLLO MARYLAND	STATE Ballounty
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR gire nearest town) (in this place)	TOWN Ruyal Esses
HOSPITA OR Kuya LIFE	STREET (If rural, give location)
INSTITUTION OR DIFFERENCE	ADDRESS 7
STREET ADDRESS / Cace 1 /4 0 77 / 79 / 79 / 79 / 79 / 79 / 79 / 79	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	Willey. DEATH April. 22. 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
WIDOWED, DIVORCED, (Specify) Married	Sept. 11-1888 62 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most at working life, even if retired) INDUSTRY Truck Farm OVVN, Farm.	Baito. Co. COUNTRY!
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
(4.1., 44.11	
70 N. MIII e T.	EVa. S. Chal TZ
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	A
VO (service)	Mrs. J. A. Miller, Kace. Rd. Balto 21
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
I. DISEASES OR CONDITIONS DEVELOPED AND THE PROPERTY OF THE PR	0 11
Immediate cause (a) Goronary Oc	elusion Judden
Immediate cause	4011
Of / X Antecedent cause(s)	is Keedis Harulas disease I sur.
Diseases or conditions, if any, (b)	oumo-promise management
glving rise to the above cause stating the underlying cause last	1 04 114
(c) Vouleur Nesoul	agus & Hornach dusto
II. OTHER SIGNIFICANT CONDITIONS . A	1/1 1/2 1/2 1/2 1/2 1/2 1/2
Conditions contributing to the death but not	101 Motash
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
198. DATE OF OPERATION 1885. MINSON PROPERTY.	
The state of the s	: (CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITT OR TOWN) (COUNTY) (STATE)
HOMICIDE	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
OF INJURY m. White at Not White I	
	1 151 0 / 93 51
22. I hereby certify that I attended the deceased from	1., 19.5%, to appear of 3 195, that I last saw the deceased
	2 10 /
alive output 23, 1951, and that death occurred at 9	ADDRESS DATE SIGNED
SIGNATURE (Degree or title)	ADDREGS DATE SIGNED
What wasse be	
	3/156 4-03-11
MINIMUM CONTRACTOR OF CENTER	Balto 6 4-03-54
PEMOVAL (Specify)	Salts 6 ERY OR CREMATORY LOCATION (City, fown, or county) (State)
REMOVAL (Specify) / 4/26/5/ ST.905apt	Can. Bultaco Md.
REMOVAL (Specify) 4/26/5/ ST.9052/2/	
REMOVAL (Specify) / 4/26/5/ ST.905apt	Can. Bultaco Md.
REMOVAL (Specify) 4/26/5/ ST.9052/2/	24. FUNERAL DIRECTOR ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

2411 N Charles Street Beltimore

Items 1, 9 on:	Succe, Danimore	
AMNO. G 132 MAY 14 1951 CERTIFICAT	'E OF DEATH Reg. Dist. No. 40	
1. PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	-
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR // INSTITUTION OR STREET ADDRESS	STREET ADDRESS Bradshaw MA	
	(Last) 4. DATE (Month) (Day) (Year) OHMONIET DEATH April 20 19	-
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORSED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 him Months Days Hours Min Min Days Hours Min	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business on Industry	IV. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	T
13. FATHER'S NAME Hauson	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT Per Chas B. Mormonia	_
18. MEDICAL CEI		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE ONSET AND DEAT	
D. L. T.	0.T: 0	
Immediate cause (a) / Upture	aorae aneurisin	
Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last Gluer ali	d'arlei a selevois;	
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma of left breast	_
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	1
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)	ð
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	_
SIGNATURE F. Noguera, M.D	3, 19 %, to April 20, 19 5/, that I last saw the deceased 3 20 Pm., from the causes and on the date stated above. ADDRESS DATE SIGNED 4/20 J/ BY OR CREMATORY LOCATION (City, town, or county) (State)	
REMOVAL (Specify)	24. FUNERAL DIRECTOR ADDRESS	
REG. 121-1981 C. E. arthur D. X.	C. E. Cuthure 7010 2111	



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

3512

1. PLACE OF DEATHY /	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	STATE COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	
OR give nearest town) (in this place)	OR // (- // 00 - / -	e nearest town)
HOSPITAL CALOTYSMUS	TOWN /// Selasson	
HOSPITAL OR INSTITUTION OR M	ADDRESS (Il tytral, give location)	
STREET ADDRESS JULY X MISING HOME	(sual)	~
3. NAME OF / (First) / (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Manager OF Color	7
5. SEX / 6. COLOR OP BACE 17. SINGLE MARRIED	6. DATE OF BIRTH 9. AGE last birthday If under I	8 195/
WIDOWED, ENVORGED,	Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of	What I Of yrs.	
done during most of working life; even if retired) Intrigray		CITIZEN OF WHAT
- Ulangue - Ulangue	William 10	DOUNTER
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Mill Killotuson	Mary Threele	m 1 100
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. UNFORMANT AND ADDINESS 148	Thurston 1
(Yes, no, or unknown) (If yes, give war or dates of service)	Marker Illassison.	GGGMA
18. MEDICAL CEI	PETITION	9440199
	TIPICATION .	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
(seles as al.	ombrais el arteriore erotio cardio -	
Immediate cause (a)	onorces	*******************************
475 Antecedent cause(s) due To		
Diseases or conditions, if any, (b) hypertensive an	arlerioscherotic cardio -	
93 d giving rise to the above cause		
stating the underlying cause last	- asc	
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		(0 = 12 = 22)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	I HOW DID INJURY OCCUR?	
OF While at Not While	NOW DID MOULT OCCUR.	
injury m. Work At work		
22. I hereby certify that I attended the deceased from 13 may	1 2051 4 8 Paid 2051 12 181	=
22. I hereby certify that I attended the deceased from 12	1, 19.2, to, 19.2, that I last sa	w the deceased
alive on Paril 1951, and that death occurred at 4	ADDRESS., from the causes and on the date sta	And about
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
		2
my of . when y c. 6	01 Winano Way 90	grif 51
23 BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	BY OF CREMATORY LOCATION (City, town, or county	(State)
REMOVALI(Specify) 4/10/5/	much Helsensonlowns	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR /	
REG.	The state of the s	ADDRESS
	11 (VA) (NONO 1219)	Mond
	1/20.67	7
	78082	60

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The con is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

No.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

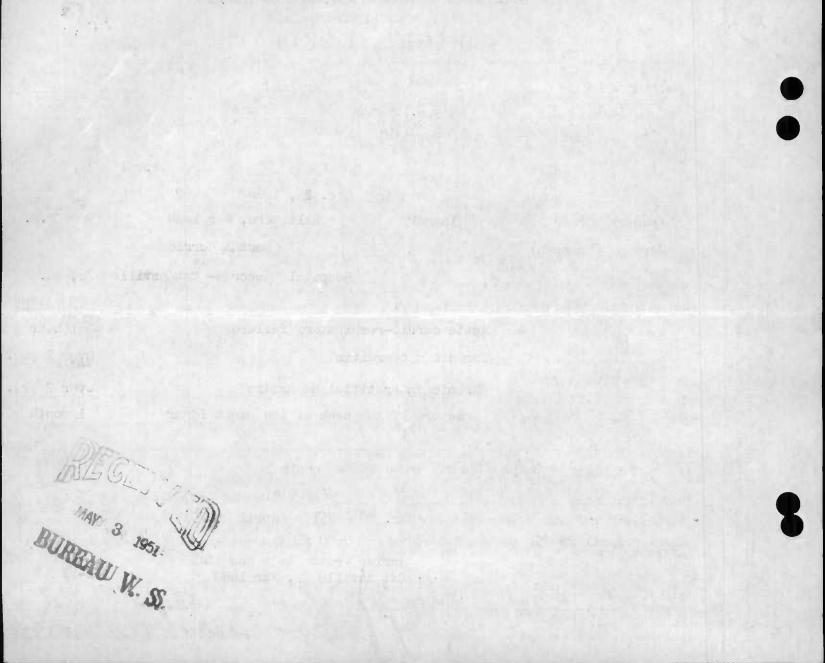
2411 N. Charles Sueet, Daitimore

3513

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY		
Raltimore MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF ST	Maryland CITY (fl outside corporate limits, write RURAL and gi		
OR give nearest town Town Catonsville 4 Yrs.10 and 4 Yrs.10 and 4 Yrs.10 and 4 Yrs.10 and 6 Yrs.	or none	ve nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET (If rural, give location)		
3. NAME OF (First) (Middle) DECEASED (Type or Print) MARTIN	MORRISON 4. DATE (Month) OF DEATH April	(Day) (Year) 29, 1951	
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify) Single	S. DATE OF BIRTH 9. AGE last hirthday If under Months		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business Industry aundry	200	2. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Jerome (Unknown)	Bertha Morrison		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	D. 17. INFORMANT AND ADDRESS		
(Yes, no, or unknown) (If yes, give war or dates of no no service)	Hospital Records- Catonsville	28, Md.	
18. MEDICAL	L CERTIFICATION	T	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE	
Immediate cause (a)Acute_cardio-1	respiratory failure	1 hour	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	rditis	Over 2 yrs.	
stating the underlying cause last	stitial nephritis	Over 2 yrs.	
11. OTHER SIGNIFICANT CONDITIONS	ational hebitities	TOVEL 2 JIS.	
Conditions contributing to the death but not related to the disease or condition causing death. Fracture of	the neck of the right femur	1 month	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?	
		Yes No	
21. ACCIDENT (Specify) SUICIDE HOMICIDE Accident PLACE (Home, farm, factory, str OF office bldg, etc.) INJURY OF TINE Grove	reet, (CITY OR TOWN) (COUNTY State Hospital		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?		
OF INJURY Mar 28, 1951 m. While at Not While Mat work	Patient slipped and fell to th	e floor	
22. I hereby certify that I attended the deceased from Mar.	(45/4)	5/51 akc)	
alive on April 29, 1951, and that death occurred a	at9:00pm., from the causes and on the date s	ated above.	
CICNATURE: (Degree or title)	ing Grove State Hospital	DATE SIGNED	
The B. Herrmann-Greek M.D. Cat		-1-51	
23. BURIAL, OREMATION DATE THEREOF NAME OF CEM	Med School Balti Coly	Mol (State)	
DATE REC'D BY LOCAL REGISTBAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS/	
REG. 5/2/5/ 1/ E. Harrs	Mences a Handley 5-78	NBiddly 12	



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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3514 Reg. Dist. No. 3

1. PLACE OF DEATH-		2. USUAL RESIDENCE (I		
COUNTY Baltunare	MARYLAND	STATE Maryland COUNTY		
CITY (If outside corporate limits, write RURA OR givo nearest town)		CITY (If outside corpor	ate limits, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood At	ete Divine Delor	STREET	(If rural give location)	u I
8. NAME OF DECEASED (First) (Type or Print) Geraldine	Lynn m	(Last)	4. DATE (Month) OF DEATH Apr	(Day) (Year) 9 1957
3. SEX G. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8 - 20 - 50	yrs. Mon	der I year If under 24 hrs. the Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during moat of working life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY Patient	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Thomas Mu	Chelland	14. MOTHER'S MAIDEN	NAME Nelen Man	e Platike
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		Institution	Records Pract	wood State
	18. MEDICAL CEI	RTIFICATION		
1. DISEASES OR CONDITIONS DIRECTLY I	EADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	symmetics .	9 Hydrocept	raley	longen
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	mold Chia	ri Syndra	ne	Congen.
1). OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	oina Bifida e	Meningscel	(Repaired)	Congen
related to the disease or condition causing death				1 20. AUTOPSY?
21				Yes No
21. ACCIDENT (Specify) PLAC OF HOMICIDE None INJUI	E (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (COUNT	
TIME (Month) (Day) (Year) (Hour) OF INJURY None m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the	deceased from Ann. 28.	, 19.5.0., to . Agar.	9, 19.5%, that I las	t saw the deceased
alive on Ages 9,, 1957., and SIGNATURE	that death occurred at	: 40 P., m., from the	causes and on the date	stated above. DATE SIGNED
George C. medacry	In. W.	Owings mil	b, md	4/10/51
23. BURIAL, CREMATION DATE THEREO REMOVAL (Specify)	57 hew 6 a	theforal aem	CATION (City, town, or eo	State) State)
PATERSCP IN 1991 REGISTRAR'S S	GNATURE	24/ BUNEBAL DIRECT	Cowans	ADDRESS
208200243 40 4	oldrie	the /	9016	ollen 6.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

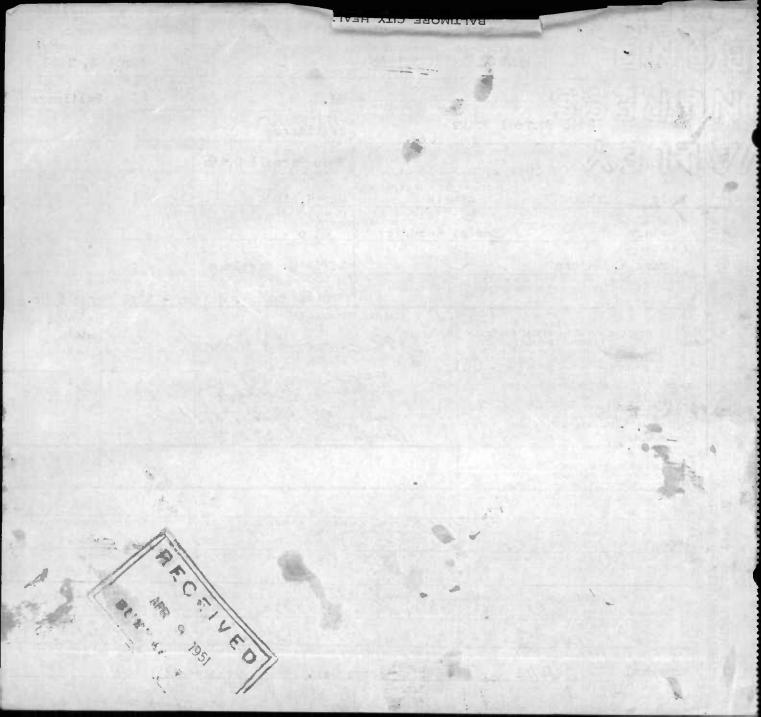
CERTIFICATE OF DEATH

. 2/

				210W 1101	
1. PLACE OF DEATH COUNTY	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECEASI	COUNTY	
CITY (If outside corporate limits, write RUR, OR give nearest town) TOWN WOOdlawn	L and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2018 Englev	rood Ave.	STREET ADDRESS 2018 E	(If rural, give io nglewood Ave		
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (M	onth) (I	Day) (Year)
(Type or Print) JOHN	ANTHONY	NEEB	DEATH A		7 19 51
male 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTIO	Sept. 6, 1911	9. AGE iast hirthday 39 yrs.	If under 1 ye Months Da	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Fitter	10b. KIND OF BUSINESS OR INDUSTRY Gas & Elec.	Maryland	or foreign country)		ITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
John Neeb		Rose D'Anton			- 1
15. WAS DECRASED EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	Woodl	awn
(Yes, ne, or unknown) (If yes, give war or dates of service)		Mrs. Mary A.	Neeb - 201	8 Engle	wood Ave.
	18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	4			TERVAL BETWEEN
	Hodg Kins Dai	400 (Ja. 11	T. Augani	(·cud
Immediate cause	y ou great ve	- Jupa			1948
Antecedent cause(s)			, —		
Diseases or conditions, if any, (b)	Chronic	regorio	ule,		1950
giving rise to the above cause attacking the underlying cause last			,	100	
(c)				28	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deati					
19a. DATE OF OPERATION 19b. MAJOR F				1 2	D. AUTOPSY?
				100	
21. ACCIDENT (Specify) PLAC SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR 7	rown) (C	COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
22. I hereby certify that I attended the	deceased from 7. 2.8.	, 19.50, to afer.	17, 1957, that	I last saw	the deceased
alive on 19.57, and SIGNATURY	d that death occurred at, (Degree or title)	ADDRESS from the	causes and on the		d above. DATE SIGNED
Paver Iron	w. D. 36	or ditedes #	gts. asc.		4/18/51
23. BURIAL, CREMATION DATE THERECO BURIAL (Specify) 4/21/51	Woodlawn	Cem.	Moodlawn, Md	1.	(Stylte)
DATE REC'D BY LOCAL REGISTRARS REG. 4/19/51	SIGNATULE	24 FUNERAL DIRECTO	relever "	Hom!	Salte.
		V	7 15710		ma

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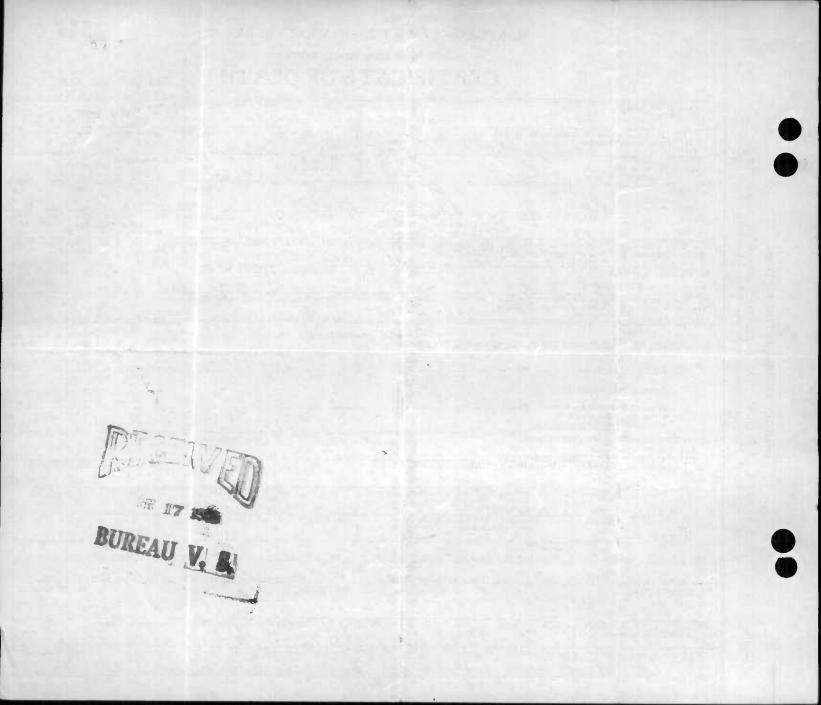


2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Balto.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give OR COCKEY SUITE	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Western Run Road	STREET ADDRESS Western Run K	d.
3. NAME OF DECEASED (First) (Middle) (Type or Print) Robert Elihu	(Last) 4. DATE (Month) OF DEATH April	(Day) (Year) 10 1957
5. SEX Male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MAPLE	3 May 1882 68 yrs. Months.	Days Hours Min.
done during most of working life, even if retired) 10b. Kind or Business or Moustry 10c. Kind or Moustry 10	Blue Mount Balto. Co. Hd.	COUNTRY? 5. A.
13. FATHER'S NAME Robert Nelson	14. MOTHER'S MAIDEN NAME Sally Cuddy	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) 218-05-6049	17. INFORMANT AND ADDRESS / King the a Welson	(wite)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coron ary	Occlusion	45 mindle
Antecedent cause(s) Diseases or conditions, if any, (b)	<i>'</i> 4	
y 4 or giving rise to the above cause stating the underlying cause last (c)		00 00 00 00 00 00 00 00 00 00 00 00 00
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		
alive on March, 1959, and that death occurred at SIGNATURE (Degree or title)	3: 10 A.m., from the causes and on the date st. ADDRESS	ated above. DATE SIGNED
Walter T. Kees M.D.	Cockeysville, Md. 10.	April 1951
BREMOVAL (Spycify) Aprill3.1951 Wesley	ERY OR, CREMATORY OCATION (City, town, or oqual	to. Co. Md.
DATE REC'D BY LOCAL POCKSTRAR'S SIGNATURE REG. 4/11/51 Skeeler Section	Jacob Farlessein, Dew	ADDRESS



Supply every item write the causes of INK. INFADING I PLAINLY, WITH Us especially important.

国 WRIT

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED. 1. PLACE OF DEATH. STATE COUNTY COUNTY BALTIMORE MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) give nearest town) (in this place) (Rockdale TOWN TOWN HOSPITAL OR INSTITUTION OR STREET 3303 ADDRESS STREET ADDRESS (Middle) (Last) (Month) (Day) 3. NAME OF (First) (Year) DECEASED NICKELL EDNA ERTRUDE 195/ DEATH (Type or Print) 6. COLOR OR RACE SINGLE MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. 5. SEX Hours | Min. Montha [Days FEMPLE WHITE (Specify) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired)

13. FATHER'S NAME INDUSTRY COUNTRY? ALTIMORE 14. MOTHER'S MAIDEN NAME MEAGHER 17. INFORMANT 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. AND (Yes, no, or unknown) | (If yes, give war or dates of DAUGHTER MRS. MARY service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONBUT AND DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last C-U. DISEASE 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No I Yes 🗌 PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) 21. ACCIDENT (Specify) (STATE) SUICIDE HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Hour) While at Not While At work Work INJURY 22. I hereby certify that I attended the deceased from MARCH 1, 1957, to APRIL 13, 1957, that I last saw the deceased 195/, and that death occurred at 3.30 m., from the causes and on the date stated above. (Degree or title) DATE SIGNED SIGNATURE LOCATION (City, town, or county) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Woodlawn, Woodlawn Cem. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

3519

1. PLACE OF DEATH- COUNTY Baltimore	2. USUAL RESIDENCE (STATE Maryla	C	OUNTY	
CITY (If outside corporate limits, write RUR. OR give nearest tawn) TOWN Baltimore-rural	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-rural			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 628 Overbrook	Road	STREET	(If rural give locate 8 Overbrook Re	
3. NAME OF (First) DECEASED (Type or Print) MARGARETHA	(Middle)	(Last) OCH	4. DATE (Mont OF DEATH April	/ (/)
Female 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	July 3. 1866	9. AGE last birthday 1	f under 1 year If under 24 hrs. Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State) Germany	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Johann Bleisteiner		Catherine S	orgel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT		
(Yes, no, or unknown) (If yes, give war or dates of service)	1	Mrs. Frank Aus	tin 628 Overb	rook Road
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
	P. J. (F)			11 10.
Immediate cause (a)	aroun Min	moura		4 ways
H900 Antecedent cause(s) Diseases or conditions, if any, (b)	ageneral De	shilit.		
giving rise to the above cause stating the underlying cause last (c)	1	7		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	. arterial Sa	lerosis		
19a. DATE OF OPERATION 19b. MAJOR F				20. AUTOPSY?
				Yes No No
SUICIDE OF INJU	E (Home, farm, factory, street, office bldg., etc.) RY	(CITY OR	rown) (co	UNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the	deceased from // 15	, 1951, to 4/2 X	, 19.5., that I	last saw the deceased
alive on 1957, and SIGNATURE	that death occurred at (Degree or title)	9 9 m., from the	causes and on the da	ate stated above.
audia Link Step	pard M.D.	22116. 2	ake are 1.	Ballo 13 Mid.
23. BURIAL, CREMATION DATE THEREO Apr. 27,	1951 Parkwood	P	arkville, Md.	
DATE REC'D BY JOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	OR	ADDRESS
1/20/3/ New.	reauch	Ullrich Funer	al Home 2008 (Prleams St
	1200			

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3520

CERTIFICATE OF DEATH

1. PLACE OF DEATH	•		1 2. USUAL RESIDENCE (F	IOME) OF DECEASED	
COUNTY	Balto	MARYLAND	STATE n		COUNTY Basto
CITY (If outside cor OR give neglect t	porate limits, write RUR.	AL and LENGTH OF STAY (in this place)	CITY (If outside corpora	ite limite, write RURAL	and give nearest town)
HOSPITAL OR	O TO	2002	STREET	(If rural, give locs	tión)
INSTITUTION OR STREET ADDRESS	Padoni	a Rd	ADDRESS	douca 1	Ed.
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mon	th) (Day) (Year)
DECEASED (Type or Print)	mary	<u>E.</u>	Oppel	DEATH Ofer	148 1951
Temale	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (SOCKY) A CARE	12/24/187/	79 yrs. 1	f under 1 year If under 24 hrs. Months Days Hours Min.
done during most of wo	TION (Give kind of work rking life even If retired)	INDUSTRY HOMES OF	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	1
cal	wasu on	CUN. HON	Many	Muknow	a)
15. WAS DECRASED EVE	R IN U.S. ARMED FORCES	16. SOCIAL SECURITY No.	12. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates overvice)		Tillian Hadfr	Gres 5221	1 York Rd
		18. MEDICAL CE	RTIFICATION //		7
I. DISEASES OR CON	DITIONS DIRECTLY	CADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate	cause (a)	Growing-b	uermones		30046
450. Antecedent	cause(s)	Pheumatoe	& Cerchen	Tis	Stelas
In giving rise to	the above cause	-	. 0.	***********************************	***************************************
/ stating the uni	derlying cause last (c)	uterio sele	mous, &	eneral.	unch
11. OTHER SIGNIFIC Conditions contributiveleted to the disease	ANT CONDITIONS ing to the death but not or condition causing deat	h.			
19a. DATE OF OPER	ATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
					Van Da Wa A
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (CO	Ves No DUNTY) (STATE)
1	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
INJURI	1110 (WORK CONTROL	17. 11.14	1 13	
22. I hereby certify	hat I attended the	e deceased from 41 7	, 197 to 4/12	, 192/, that I	last saw the deceased
alive on	1.9., 19.5.1, an	d that death occurred at	A.m., from the	causes and on the d	ate stated above.
Denne	the a. Ato	en mo?	nutherliel	le me	4-14/51
Burial, Crema Burial, Crema Buria	TION DATE THEREO	NAME OF CEMETE	RY OR CREMATORY L	OCATION (City, town,	or county) (State)
DATE REC'D BY LO	CAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR	R (217 S	+ BADDRESS +
- 4/16/	- V		IN VOIL JA	0. 121/ 0	, vaux 4.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

S. SEX G. COLOR OR RACE 7. SINCLE, MARRIED, White May 16. 1873 77 yrs. Months Days Hunder 21 May 16. 1873 77 yrs. Months Days Hunder 21 May 16. 1873 77 yrs. Months Days Hunder 21 May 16. 1873 77 yrs. Months Days Hunder 21 May 16. 1873 77 yrs. Months Days Hunder 21 May 16. 1873 77 yrs. Months Days Hunder 21 May 16. 1873 77 yrs. Months Days Hunder 21 May 16. 1873 77 yrs. Months Days Hunder 21 May 16. 1873 77 yrs. Months Days Hunder 21 May 16. 1873 77 yrs. Months Days Hunder 21 Months Mo						
CITY (If outside corporate limits, write RURAL and LOTTH OF STAY OF STAY (If outside corporate limits, write RURAL and LOTTH OF STAY OF STAY (If outside corporate limits, write RURAL and LOTTH OF STAY OF STAY (If outside corporate limits, write RURAL and LOTTH OF STAY TOWN Lansdowne HOSPITAL OF REASED (First) DEATH OF THE STAY OF THE ROSE	COTTATIVE			I STATE	(HOME) OF DECEASED.	JTV
TOWN EVER SCATTER COWN) LANS OWNE STREET ADDRESS NAME OF INSTITUTION R STREET ADDRESS NAME OF DECASED HENRY J. S. OWINGS, Sr. DEATH ADTI 25 19 S. NAME OF DECASED HENRY J. S. OWINGS, Sr. DEATH ADTI 125 19 S. NAME OF DECASED White Street				Md.	Balt	imore
HOSPITAL OR INSTITUTION OR STREET ADDRESS	OR give neares	4 4	AL and LENGTH OF STAY on this place)	II OR	orate limits, write RURAL and	give nearest town)
DECASED (Type or Print) HENRY J. S. OWINGS, Sr. DEATH April 25 19 19 SEX 6. COLOR OR RACE MIDOWICED, MYORGED, MY	HOSPITAL OR			CODEEM	/Ye more 1 minutes and a second)
DECASED (Type or Print) HENRY J. S. OWINGS, Sr. DEATH April 25 19 19 SEX 6. COLOR OR RACE MIDOWICED, MYORGED, MY				ADDRESS 2316 M	Conumental Avenue	
DECASED CYPORT PYTHIN CYPORT C		(First)	(Middle)	(Last)	1 4. DATE (Month)	(Dev) (Veer)
male white (Specify) married ((Type or Print)			S, Sr.	OF DEATH April	25 19
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retendy larger of program of working life, even if retendy larger of program of working life, even if retendy larger of program of working protocology and the content of the program of the content of the conte			7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married		Month	ler 1 year If under 24 hr hs Days Hours Min
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. (STATE) 17. INFORMANT (Sarah E. Owings, wife, 2316 Monumental Ave 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 10. INTERVAL BETWEE ONSE AND DEATH Immediate cause (a) Security Leading to Death Immediate cause (a) Security Leading to Death Immediate cause (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION (Specify) (STATE) 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) (Specify) (STATE) OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) TIME (Month) (Day) (Year) (Hour) (NJURY OCCURRED While at Not While Month) (Day) (Year) (While at Not While Month) (Day) (Year) (While at Not While Month) (Day) (Year) (While at Not While Month) (Day) (Year) (A) (Day of Month) (Da	10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT
Henry Owings 15. Was Decrased Ever In U.S. Ammed Forces? 16. Social Security No. 17. Informant (Yes, no, or unknown) [(If yes, give war or dates of learning) are vices) 18. Medical Certification	13. FATHER'S NAM	(E	Leren Bros.	14. MOTHER'S MAIDE	N NAME	0.5.
Cress, no, or unknown Cres		Henry Owin	gs /			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)						
Inmediate cause (a) Severe Carterioscleroses Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT SUICIDE OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF NJURY Month OF OPERATION INJURY OCCURRED How DID INJURY OCCUR? OF OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OP	(1es, no, or unknown)			Sarah E. Owing	s, wife, 2316 Mor	numental Ave.
Immediate cause (a) Survival Severe Conditions, if any, giving rise to the shove cause stating the note cause (a) (b) (c) 11. OTHER SIGNIFICANT CONDITIONS (c) 11. OTHER SIGNIFICANT CONDITIONS (c) 12. DATE OF OFERATION 19b. MAJOR FINDINGS OF OPERATION (c) 12. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUCIDE HOMICIDE (Month) (Day) (Year) (Hour) INJURY OCCURRED (Finding) (Note of the state of the disease or condition, auring death. 12. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUCIDE (Month) (Day) (Year) (Hour) INJURY OCCURRED (STATE) (STATE) (STATE) 12. I hereby certify that I attended the deceased from Museur 5 19 5 1, to April 25 19 5 1, that I last saw the deceased alive on April 24, 19 5 1, and that death occurred at 2 9 2 2. m., from the causes and on the date stated above. Date signed (Signature) (State) (18. MEDICAL CE			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION WHAT OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19a. Coldent (Specify) PLACE (Home, farm, factory, street, SUCIDE OF office bidg., etc.) 17a. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUCIDE OF OFfice bidg., etc.) 17a. CACIDENT (Specify) PLACE (Home, farm, factory, street, SUCIDE OF OFfice bidg., etc.) 17a. CACIDENT (Specify) PLACE (Home, farm, factory, street, SUCIDE OF OFfice bidg., etc.) 17a. CACIDENT (Specify) PLACE (Home, farm, factory, street, SUCIDE OF OFfice bidg., etc.) 17a. CACIDENT (Specify) PLACE (Home, farm, factory, street, SUCIDE OF OFfice bidg., etc.) 17a. CACIDENT (Specify) PLACE (Home, farm, factory, street, SUCIDE OF OFfice bidg., etc.) 17a. CACIDENT (Specify) PLACE (Home, farm, factory, street, SUCIDE OF OFFice OFfice bidg., etc.) 17a. CACIDENT (Specify) PLACE (Home, farm, factory, street, SUCINE OF OFFice OFfice bidg., etc.) 17a. CACIDENT (Specify) PLACE (Home, farm, factory, street, SUCINE OFFIce OFFice of OFFice of OFFice O				Severe ar	teriosclerosis	3 Years
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? WIND 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF INJURY Not While Not While Not While Not Work At	Diseases or giving rise t	conditions, if any, (b)	<i>U</i>			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, BUICIDE (Home) (Free bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED White at Not Work At work (Hour) Work At work (Hour) At work (Hour) Work At work (Hour) White at Not Wh	Conditions contributed to the dises	uting to the death but not use or condition causing deat				
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, BUCIDE (Home) (Free bidg., etc.) INJURY OF office bidg., etc.) INJURY OF OF office bidg., etc.) INJURY OF OF OFFICE (Hour) INJURY OCCURRED White at Not White Not White At work Degree or title) 22. I hereby certify that I attended the deceased from March/5 19 5 /, to April 25 / 195		RATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE SUICIDE HOMICIDE OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED White at Work At work 22. I hereby certify that I attended the deceased from Musclu/5 195/, to April 25, 195/., that I last saw the deceased alive on ADDRESS SIGNATURE 23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL (Specify) Burial DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) Burial DATE REGISTRAR'S SIGNATURE PLACE (Home, farm, factory, street, or CITY OR TOWN) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? OF THE TWO DID INJURY OCCUR? HOW DID INJURY OCCUR? OF TWO DID INJURY OCCUR? HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? OF TWO DID INJURY OCCUR? HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? OF TWO DID INJURY OCCUR?				E E A		Yes No N
OF INJURY m. White at Work Not While At work Not While At work 22. I hereby certify that I attended the deceased from Munch/5 19 5./, to April 25, 195./., that I last saw the deceased alive on April 24, 195./., and that death occurred at 2.05. Q.m., from the causes and on the date stated above. SIGNATURE DATE SIGNED ADDRESS DATE SIGNED ADDRESS DATE SIGNED ADDRESS DATE SIGNED Control of Cementary of Crematory Location (City, town, or county) REMOVAL (Specify) L/28/51 Glen Haven Mem. Park Cem. Glen Burnie, Md. DATE RECOD BY/LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR at Home. Inc. ADDRESS	SUICIDE	OF	office bidg., etc.)	(CITY OR	TOWN) (COUNT	
alive on Liptil 24, 192, and that death occurred at 2.05. Q.m., from the causes and on the date stated above. SIGNATURE DATE SIGNED ADDRESS DATE SIGNED ADDRESS DATE SIGNED ADDRESS DATE SIGNED OCCURRENCE OF A 126/5/ 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial DATE RECOD BY/LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR THE TOWN INC. ADDRESS 24. FUNERAL DIRECTOR THE TOWN INC. ADDRESS	OF		While at Not While	HOW DID INJURY O	CCUR?	
De 2001-3-5 E. Madison St.	alive on	LES Structures DATE THEREOUSES 14/28/51	that death occurred at 1 Degree or title) M. B. NAME OF CEMETE. Glen Haven Me	ADDRESS / 600 (W. RY OR CREMATORY em. Park Cem. 24 FUNFALDEREST	LOCATION (City, town, or con Glen Burnie, Md.	stated above. DATE SIGNED 4/26/5/ unty) (State)
	11-11.	Ma.	Do	1 2601-3-5 E.	Madison St.	11111

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

3522

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

COUNTY B	altimore	MARYLAND	2. USUAL RESIDENCE (COUNTY	Carr o	
CITY (If outside c OR give nearest TOWN	orporate limits, write RURA town) Finks burg	Land LENGTH OF STAY (in this place y S	OR Manch	ate limits, write RUR	AL and give n	earest town)	
HOSPITAL OR INSTITUTION OF STREET ADDRE		nt Home	STREET ADDRESS F	D. Tural give	location)		/
3. NAME OF DECEASED (Type or Print)	FDaniel	(Middle)	Palmer	C) 13	donth) () pril 23		Year)
5. SEX	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWRD, DIVORCED, (Specify) 100wed	8. DATE OF BIRTH April 10. 1	9. AGE iast birtbda	y If under 1 y Months D	ear If under ays Hours	24 hrs. Min.
done during most of v	ATION (Give kind of work) working life, even if retired)	10b. KIND OF BUSINESS OR	Nd.	or foreign country)		ITIZEN OF	WHAT
13. FATHER'S NAM	E John Palmer		Amanda Br				
15. WAS DECRASED E (Yes, no, Ronknown)	ver In U.S. Armed Forces (If yes, give war or dates o service)	16. SOCIAL SECURITY NO. None	Jesse E. Tr	acy . Manc	hester	Ma	#1
		18. MEDICAL CE					THE REAL PROPERTY.
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	St. 16	for mi		NTERVAL BET	
Immedia	te cause (a)	1000	nus-0	rouge	7		***********
Diseases or giving rise t	nt cause(s) conditions, if any, (b)	Haspire Varia	Correges	hor o		······································	three de de term de term as direbras.
1 200	(e)		-1-0/		1		
Conditions contribu	CANT CONDITIONS uting to the death but not use or condition causing death						
		INDINGS OF OPERATION			2	O. AUTOPS	Y?
					47.0	Yes 🗆 N	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	E (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CUR?			
22. I hereby cert alive on SIGNATURE	22-, 1057, and	that death occurred at.	ADDRESS from the	causes and on th	e date state	d above. DATE SIGN	NED
BURIAL CREM BURIAL (Spec	ify) 4/25/51		RY OR CREMATORY	Littleston		ams Co) .
REG. 4-13		B. Stine.	W.A.F.	-		2 2 44410	
			W.A. Feiser,	Eanover,	Pa. /07	105	





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3523

1. PLACE OF DEATH- COUNTY Bal timore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md. COUNT	Y Balte
CITY (If outside corporate limits, write RURAL and CENGTH OF STAY OR give nearest to to tonsville (in this place)	CITY (If outside corporate limits, write RURAL and grown Catons ville	ve nearest town)
HOSPITAL OR INSTITUTION OR 7 Ridge Road	STREET (If rural, give location) ADDRESS7 Ridge Rd	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Louisa U.	(Last) 4. DATE (Month) Parr OF DEATH April 4	(Day) (Year) /51 19
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIOW	8. DATE OF BIRTH 9. AGE last birthday If under Months Aug. 18, 1854-96 yrs.	1 year If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	Md.	2. CITIZEN OF WHAT COUNTRY?
UHLBRICK	14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Fank T. Parr, 7 Ridge R	d.Catons
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	/9	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Purocardial	Insufficiency	1 mes.
422/ Antecedent cause(s)	- learner - man	15 30 (3)
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		- Land
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
192. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes I No d
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Willow At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1948, to Anil 4, 195, that I last	saw the deceased
alive on This 4, 1951, and that death occurred at SIGNATURE	ADDRESS and on the date s	tated above. DATE SIGNED
Thelmen K. Jallages The Do Cal		1-5-51
Burral (Specify) April 7/51 Holy Rede		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. BUNERAL DIRECTOR	ADDRESS
4/4/5/1 a or recover.	Harry TV. UntyceA101	dmondson

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

3524

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNT'S altimore
OR Relaterstown
STREET (If rural give location) ADDRESS Hanover Road
(Last) 4. DATE (Month) (Day) (Year) eregoy DEATH April 29 1951
8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs Aug 27 1888 62 yrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) Pennsylvania 12. CITIZEN OF WHAT COUNTRY?
14. MOTHER'S MAIDEN NAME
Lillian Zeigler
Raymond M Peregoy Reisterstown Md
RTIFICATION
INTERVAL BETWEEN ONSET AND DEATE
a 2 has
C. V. DISEASE 54RS
20. AUTOPSY? Yes \(\text{No } \mathbb{R} \)
(CITY OR TOWN) (COUNTY) (STATE)
HOW DID INJURY OCCUR?
19.49, to APRIL. 29., 19.5/, that I last saw the deceased
ADDRESS To A. m., from the causes and on the date stated above.
Reisters town, Md. 5/1/57
own Meth Cem Reisterstown Md (State)
24 FUNERAL DIRECTOR & Sons Rei sterstown Md

MAY 3 14951

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT.	Y.
(2AFTIMOVE MARYLAND	mareilena Jall	0
CITY (If outside corporate limits, write RURAL and OR give nearest town)	CITY (If entiale corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR TOWN	TOWN Pekesselle STREET (If rural, give location)	`
INSTITUTION OR STREET ADDRESS 10 OLD COURT Rd.	STREET ADDRESS 10 Old Caux Ref.	
3. NAME OF (First) . (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) LOUIS E. PEUTO	N OF DEATH april	10 1951
Male 6. COLOR OB RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED, (Specify) Surges	Q 20 1000 b (Months	l year If under 24 hrs. Days Hours Min.
160 HSHAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OF		2. CITIZEN OF WHAT
gone during most of working life, even if retired) INDUSTRY	as Cristfield Md.	COUNTRY
13. FATHER'S NAME	14. MOTHER'S MALDEN NAME	
Sidney Olyton	Susan rice	
15. WAS DECRASED EVER IN O. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (11 yes, give war or dates of	17. INFORMANT	10101
(Yes, no, or unknown) (If yes, give war or dates of 217-03-3485	Mrs. armacost. 10 old Cours	Rd. Vikeserly
18. MEDICAL CE	RTIFICATION	I
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	INTERVAL BETWEEN ONSET AND DEATE
1	experie My mare dixin	6 mone
Immediate cause (a)	vanue james	2
443X Antecedent cause(s)	Aluma Vacha and	5410.
Diseases or conditions, if any, (b) giving rise to the above cause	149 Janeyaww	
stating the underlying cause last	Mel V. Selencia	Aus
(c)	110 por source	To you.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🖸
21. ACC1DENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
ANGULT III. I WORK At WORK	11/10	
	195, to 4,0, 195, that I last s	
alive on 19.5%, and that death occurred at SIGNATURE	ADDRESS ADDRESS	ated above.
James a. Miller on.	Pikesville-8.md	4/11/51
	RY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
Deriver (Specify) 4/12-51 Aruid	tedate Vikewille 8. 1	Paristand
DATE REO'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 12/51 H.W. He duck	V Kank N. Hewell ()	Print Of . West
	C/12 1 1/4.8	

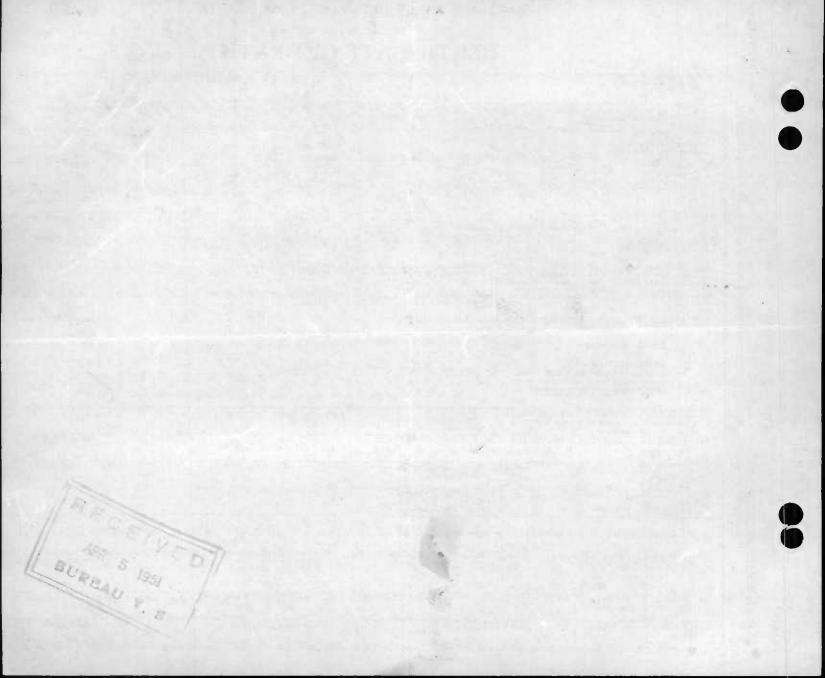
2411 N. Charles Street, Baltimore

OPPOTED A THE OF DEATH

CERTIFICAT	E OF DEATH Reg.	Dist. No. 50
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	COUNTY
COUNTY Baltimore MARYLAND	maryland	Baltimore)
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside groporate limits, write RURA	
TOWN leatonsville md. 4 yrs.	TOWN lastousville.	nd.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6.305 mf Ridge Roal	STREET (II rural, give lo ADDRESS 6305 Mt. Redg	cation)
		onth) (Day) (Year)
3. NAME OF DECEASED (First) (Middle) (Type or Print) Margaret Moraw 1	PD · DO	bril 3 195
5. SEX 6. COLONOR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday May 2/1905 45 yrs.	If under 1 year If under 24 hrs Months Days Hours Min.
Achial Matrie (Specify) Matrie 10a, USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	1 11. MRTHPLACE (State or foreign country)	1 12. CITIZEN OF WHAT
done during most of working life, even if retired Inquerry Reserved	Baltimore, md.	COUNTEY? U. S. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles Harry Morow	Ratherine Reance	1
15. WAS DECRASED EVER IN U.S. AMMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
(Yes, no or unknown) (If yes, give war or dates of 2/6-0/-34/8	Roger D. Phillips	
18. MEDICAL CI	ERTIFICATION	
- Provided On Companyone Directly Leading to Death		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	7.	
Immediate cause (a) My ocardus	- Believe -	1 WEEK
9/X Antecedent cause(s) Diseases or conditions, if any, (b) Leynu the Sa	raoma 7. taca -	
giving rise to the above cause	I ON W	0 68-
53 stating the underlying cause last @ Thuck	rolers Thetastans	- 272
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Cla on	20. AUTOPSY?
1949 - typupho far com	a = q auco -	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (C	OUNTY) (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY	THE PROPERTY OF THE PROPERTY O	
22. I hereby certify that I attended the deceased from 6-1	9, 1948, to 4-3, 1951, that	I last saw the deceased
	-150	
alive on 4-2, 19-1, and that death occurred at SIGNATURE. (Degree or title)	ADDRESS,	date stated above. DATE SIGNED
Geres Estowell	· loloan vices	- 4/3.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, tow	n, or county) (State)
Burial April 5.1951 New la	thedral Balteria	emd.
DATE REC'D BY LOCAL REGISTBAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REG./1-3-5/ 7/ 7 Hannes	Castan Some 608 2	3 a Leviele Two
7 5 1 1 0 0 1 0009	pesson sons-608 00	
	1 may 13 1 Portion	-1. :00 500

PLEASE WRITE PLAINLY, WITH-UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

928



PDEASE WRITE PLAINLY, WIPH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEAT COUNTY	H.		2. USUAL RESIDENCE (I	HOME) OF DECEASE	D.
Be	altimore	MARYLAND	STATE COUNTY Baltimore		
C1TY (If outside of	corporate limits, write	RURAL and LENGTH OF STAY		ate limits, write RURAL	and give nearest town)
OR give neares	Town)	(in this place)	Town Tows on		
HOSPITAL OR	m C	ralescent Home	STREET	(If rural give loc	ation)
INSTITUTION O STREET ADDRE		Chesapeake Avenue	ADDRESS 516 W.	Joppa Road	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mo	nth) (Day) (Year)
DECEASED (Type or Print)	Richard The	omas Pilling, Sr.		OF DEATH Apr	
5. SEX	1 6. COLOR OR RAC	E 17. SINGLE, MARRIED.	1 8. DATE OF BIRTH		If under 1 year If under 24 hrs.
male	white	WIDOWED, DIVORCED, (Specify) WIDOWED	Nov. 29, 1864	86 утв.	Months Days Hours Min.
10a. USUAL OCCUI	PATION (Give kind of working life, even if reti	vork 10b. KIND OF BUSINESS OR red) INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
Manufacti	urer owner	Woolens	Kiamensi, Del		COUNTRY?
18. FATHER'S NAM	AE .		14. MOTHER'S MAIDEN		
Thor	mas Pilling		Mary Vandegr	ift	
	VER IN U.S. ARMED FO		17. INFORMANT		
(Yes, no, or unknown)	(If yes, give war or d	ates of	Richard T. Pil	ling. Jr 5	16 W. Joppa Road
		18. MEDICAL CE			
I DISTAGES OF C	ONDITIONS DIPPO	TLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR C	ONDITIONS DIVECT		100 00		ONSET AND DEATH
Immedia	to cause (s	Carringin	a - Bladler		Mela.
1811 Manieure	ste cause				***************************************
	ent cause(s)				
	conditions, if any, (b	at the time of the service of the s		100-0-0-0-0	
stating the	underlying cause last				ASS.
		e)			
Conditions contrib	ICANT CONDITIONS outing to the death but	not			
related to the dise	ase or condition causing	death. OR FINDINGS OF OPERATION			A LIMODONE
19a. DATE OF OPE	RATION 198. MAJ	OR FINDINGS OF OPERATION		< X	20. AUTOPSY?
	10 10		. Atmit an		Yes No 🖸
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR	rown) (Co	OUNTY) (STATE)
TIME (Month)	(Day) (Year) (Hor		HOW DID INJURY OC	CUR?	
OF INJURY		m. While at Not While Mork At work			
00 T 1 l	de that I attended	the descend from the 1.	weller.	31, 181 4404.	I last saw the deceased
		the deceased from			
alive on	194 1 194	, and that death occurred at	m. from the	causes and on the	date stated above.
SIGNATURE	1/ 1 1	(Degree or title)	ADDRESS		DATE SIGNED
14	1.1 111	1 2 2 1 46	11.0 1770-100-	. A m	4/2/51
$ /$ $^{\sim}$	accet 4		MID Allegheny	Avenue, Town	son //
23. BURIAL, CREM REMOVAL (Spe- burial	TATION DATE THE	- 51 St. James P.	E. Church	Stanton, Del	or county) (State)
DATE REC'D BY	LOCAL REGISTRA	R'S SIGNATURE,	1 24. FUNERAL DIRECTO	OR	ADDRESS_
REG. AG	15/1	a W perman	John O.Mitchell		-1900 Eutaw Place
		1161	111.13.1084	MGG 1120	Baltimore, Md.

3527

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3.3.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	27
COUNTY Baltimore MARYLAND	STATE COUNTY	Ralto
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and giv	re nearest town)
HOSPITAL OR 36 yra	STREET (I must give location)	11.
INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Willetta	Prices DEATH Abril.	23 1957
5. SEX (6. COLOR OR RACE 7. SINGLE, MARRIED,	1 S. DATE OF BIRTH 1 9. AGE lest hirth av 1 If under	I was Ill under 24 ha
WIDOWED, DIVORCED, (Specify)	aug 3-1872 78 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME.	usa
Williams Garage	Julian Name	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. NFURMANT AND ADDRESS	
(Yes, no, or unknown) [(If yes, give war or dates of	17: NFORMANT AND ADDRESS	
Iservice) 100	· sallie stabelle Born	1
18. MEDICAL CE	RTIFICATION	1,0
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	M) = [N	1
Immediate cause (a)	Jemovshage Remples	in Hda
Antecedent cause (s) Diseases or conditions, if any, (b). Arterio	clerosis	10421
giving rise to the above cause	**************************************	77
8 300 stating the underlying cause last (c) Casuale Ca	0-8	4-1-1
II. OTHER SIGNIFICANT CONDITIONS		1 / Cu
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20 ATTHOTHEN
THE DATE OF THE PARTY OF THE PA		20. AUTOPSY?
OI ACCUPENT (OLIVE) I DI ACE (IV.		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
1010.		
22. I hereby certify that I attended the deceased from A fair 1.	9, 195 1., to 2 Here 23, 190 1., that I last as	w the deceased
alive on Little 22, 195, and that death occurred at	ADDRESS and on the date sta	ated above. DATE SIGNED
Civil & Otranollo Son	2 Sepheras ?	mel.
23. BURIAL, CREMATION DATE THEREOF, NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county	y) (State)
REMOVAL (Specify) apr 25/5-1 vrul (2	enders Bullows	niel
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	A. FUNERAL DIRECTOR	ADDRESS
REG. 4-23-51 (arcy 3. Elive.	(des) Of the Househa	Total de
	- January	The state
		140
		1

106

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3529

CERTIFICATE OF DEATH

21+	Acces District	
1. PLACE OF DEATH. Luthermille, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Manufand	Utimore
CITY (If outside corporate limits, write RURAL and OR give nearest town) Authorself CITY (If outside corporate limits, write RURAL and I LENGTH OF STAY (in this place)	OR TOWN Authoroill	ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HOME	STREET (II rural, give location) ADDRESS Luthurvelle	
	(Last) 4. DATE (Month) OF DEATH Abr-9	(Day) (Year) -/95/ 19
Flemale 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Manual	10cf-3-1875 /3 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. Kind of Business or Industry None	Ballimore, md	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. Was/Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	no W. n. & Pugh (Son) Towson	, Ind.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Constant	numoria	ONSET AND DEATH
450, Antecedent cause (8) Congestive	, Heart failure	30 day
93 d stating the underlying cause last (c)	Peroxis	unles
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/20	2, 1951, to 4.19, 1951, that I last	
slive on	ADDRESS , OO	dated above.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or cour	7 9 /5 / nty) (State)
REMOVAL (Specify) Out - 1-51 Out on To	ark Ceme. Balto. md.	ADDRESS
\$10/51 New Hedrick	Stewart & mowen Cu. 108 W. non	the line.
		- market

CERTIFICATE OF DEATH

MARYLAND STATE DEP	PARTMENT OF HEALTH	3530
CERTIFICAT	E OF DEATH	
FOR MEDICAL		eg. Dist. No. 45
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECE	COUNTY B
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN (in this place)	CITY (If outside corporate limits, write RI	URAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pistal and Rible Range	STREET (If rural, gi	^/
3. NAME OF DECEASED (First) (Middle) (Type or Print) (See Samuel Rease)	(Last) 4. DATE OF	(Month) (Day) (Year)
5. SEX 6. COLOR OR RACE Wilder Wilder (Specify) married	10 + 2 1000 1 m	day If under I year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lypustry Labour.	III BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME Robert Read	14. MOTHER'S MAIDEN NAME CINKNOWN.	
15. WAS DECRASED EVER IN U.S. ARMSD FORCES? (Yes. no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS W. C. Reagan 417	2 94
18. MEDICAL CEI		sussyand.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN CNSST AND DEATH
The state of the s	0 - 0	ONSWI AND DEATH
Immediate cause (a) Storian	y occusion	
VOD / Antogodout souss(s)		
Antecedent cause(s) Diseases or conditions, if any, (b)		
740 giving rise to the above cause stating the underlying cause last	**************************************	00 T T 0 00 000 000 00 0 0 00 00 00 00 0
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
2t. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while NJURY m.	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy. Inspection or Inquiry, find that said dece	used died on the day stated above, and de	hereon and from the evidence ath in my opinion resulted
from: natural causes , accident , suicide , homicide , sIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City.	town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		rille. N. Carolina
Opril 2, 1951 Earth Hurley	John & Cornelle	1. Essex 21
1		10.00 111111 . 1

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3531

COUNTY Balti	more	MARYLAND	STATE Maryland		COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town). TOWN CITY (If outside corporate limits, write RURAL and OR Give nearest town). CITY (If outside corporate limits, write RURAL and OR GIVE NEAR AND CORPORATE OF STAY (in this place).			CITY (If outside corpora OR TOWN Parkvill	te limits, write RURAI	and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE		r Road	STREET	(If rural, give loc Wendover Roa	
3. NAME OF DECEASED (Type or Print)	(First) GEORGE		EECE (Last)	DEATH	r.1,1951 (Year)
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	Oct.11,1870	80 yrs.	If under I year If under 24 hrs. Months Days Hours Min.
done during most of	ATION (Give kind of work working life, even if retired)	10b. Kind of Business on INDUSTRY FAITH WORK	W. Va.	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM Solon			Mary F.	(Unknown)	
15. WAS DECEASED E (Yes, no, or unknown)	ver In U.S. Armed Forces (If yes, give war or dates of service)	7 16. SOCIAL SECURITY NO.	Miss Mabel Ree		over Road.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	71. 1	•	INTERVAL BETWEEN ONSET AND DEATE
Diseases or giving rise t	e cause nt cause(s) conditions, if any, o the above cause anderlying cause last (c)	Toronary	telerosi	2	5 Ylars
Conditions contributed to the dises	ICANT CONDITIONS uting to the desth hut not use or condition causing dest				
19a. DATE OF OPE	RATION 19b. MAJOR R	INDINGS OF OPERATION			20. AUTOPSY? Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (CO	OUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
signature.	-19-, 195!, an Redlat	d that death occurred at	DDRESS M, from the	causes and on the	date stated above. DATE SIGNED
23. BURIAL, CREM REMOVAL (Spec Remove)	(4/2/51	Winfield	000	OCATION (CMy, town, Winfield, W.	Va.
REG. TYS	LOCAL REGISTRAR'S	Geduch	24 POWERAT DIRECTOR	J 1219 ST	Faul S
		VJT			820105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2 3532

Reg. Dist. No.....

1. PLACE OF DEATH.		2. USUAL RESIDENCE (F	HOME) OF DECEASED.		
COUNTY	Baltimore	MARYLAND	STATE Maryla	nd Cookii	
CITY (If outside co OR give nearest TOWN	rporate limits, write RUR.	AL and LENGTH OF STAY	TOWN Baltim		e nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	•	o.,Ft.Howard,Md.	STREET ADDRESS 1351 S	(If rural, give location) tockton Street	/
3. NAME OF DECEASED (Type or Print)	(First) EDWARD	(Middle)	(Last) RHODES	4. DATE (Month) OF DEATH April	(Day) (Year)
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 2-2-92	9. AGE jast birthday If under 1	year If under 24 hrs. Days Hours Min.
done during most of w	ATION (Give kind of work working life, even if retired)	10b. Kind of Business on Industry	Howard Co.,	r foreign country) 12.	CITIZEN OF WHAT USA
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
Charlie R			Emma Harrity		
15. WAS DECRASED E	VER IN U.S. ARMED FORCES (If yes, give war or dates (service)	7 16. SOCIAL SECURITY No. Unknown	17. INFORMANT AND	t.Adm.Hosp.,Ft.Ho	ward.Md.
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
Immediat	e cause (a)	LOBAR PNEUMONIA			UNKNOWN
Anteceder	nt cause(s)				
	conditions, if any, (b)	***************************************	45 70 / //11 0 1 7 1 70 0 0 7 1 1 1 1 1 1 1 1 1 1		~E = 00 00 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	inderlying cause last				
II. OTHER SIGNIF	(c)				
Conditions contribu	uting to the death hut not se or condition causing deat	th.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T		(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby cert	ify that Wattended th	e deceased from April	15 1951 , to April	16, 1951, MAXIMIN	(ACAPAGES SECT.
SIGNATURE	CXXXXXXXXXXXXXX ar	d that death occurred at	:50 P. m., from the	causes and on the date sta	ated above. DATE SIGNED
IRVING F	REEMAN, M. D.,	ACTING CHIEF, MEI	DICAL SERVICE, V	AH, FORT HOWARD,	MD. 4-17-51
23. BURIAL, CREM REMOVAL (Spec	CATION DATE THERE	NAME OF CEMETE	ational	LOCATION (City, town, or count Baltimore, Maryla	
DATE REC'D, BY			24. FUNERAL DIRECTO		ADDRESS
REG. 4/8	15) 44	redrich	Charles R. La		
		VVF	430	636 more, Marylan	nd

The correct age

Dr. Bacon

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE STATE	(HOME) OF DECEASE	COUNTY
Parkvi lle MARYLAND	Mary.	Land	COUNTY Parkville
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY		orate limits, write RURA	L and give nearest town)
OR give nearest town) Baltimore (in this place)	TOWN Balt	imore	
HOSPITAL OR	STREET	(If rural, give lo	cation)
INSTITUTION OR OFFICE ASSESSED	ADDRESS 2700	Taylor A	110 1110
3. NAME OF (First) (Middle) DECEASED	(Last)	4. DATE (MC	onth) (Day) (Year)
(Type or Print) Gertrude	Rickert	DEATH A	pril 16 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year If under 24 hrs.
female white widowen Divorced, (Speak) ried	Aug. 15,1871	79 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Germany		COUNTRY?
a thome 13. FATHER'S NAME	14. MOTHER'S MAIDE	N NAME	
	?		
? Fassbander		A DOMESTICAL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND		
service)	Mr. Ignatz F	Rickert,270	O Taylor Ave.
18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
		T. 71	
Immediate cause (a) Chronic M (b) Ly Serlence (b) Ly Serlence	resocarde	les with	11 sus T
Immediate cause	0		. 0
143 X Antecedent cause(s)	+ tastes	inselasas	1/0
Diseases or conditions, if any, (b)	070	0 00000	
giving rise to the above cause stating the underlying cause last			
(c)			1
11. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not	, ,		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			1 20. AUTOPSY?
198. DATE OF OPERATION 130. MASON PRODUCTS OF OTELERITOR			
			1 Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR	TOWN) (C	COUNTY) (STATE)
HOMICIDE INJURY			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY O	CCUR?	
OF While at Not While INJURY m. Work At work			
INJURY III WAS II WAS II	22 60		
22. I hereby certify that I attended the deceased from	1939, to ups	- 19-5 that	I last saw the deceased
-0 -1 -1	T 500		
alive on apr 16, 1951, and that death occurred at 2	7.m., from th	ne causes and on the	date stated above.
SIGNATURY (Degree or title)	ADDRESS	^	DATE SIGNED
4. M. Caloa, M.O. 28	10 Joyla	lere.	4/11/51
9.00			11912
	RY OR CREMATORY	LOCATION (City, top)	
REMOVAL (Specify) 4-19-51 Loudon P	ark	Baltimore	e. Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIREC	ror	ADDRESS
REG.4516551 a.M. Boeon	Leonard J.	Ruck, 5305	Harford Road.
7/14/26			**** * A * * * * * * * * * * * * * * *



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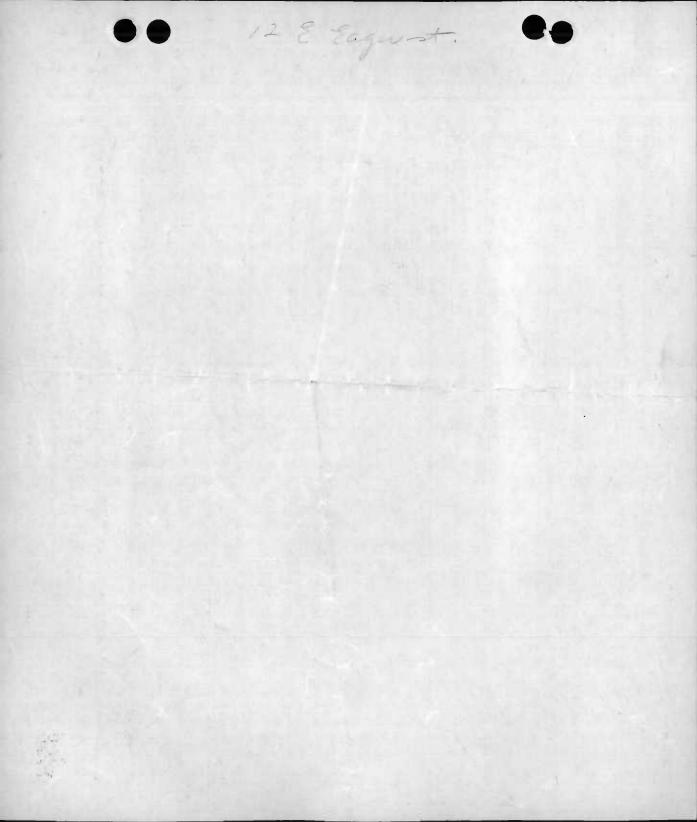
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY COUNTY SaITO MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OR givo nearest town) (in this place) Raspeburg HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS STREET ADDRESS HLYTON. Are (Middle) 3. NAME OF (Last) (Month) (Day) (Year) DECEASED Rev. Rober riddle DEATH ADYIL. (Type or Print) 19 5/ 22 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 9. AGE last hirthday | If under 1 year | If under 24 hrs. | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH (Specify) Married 25-1886 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evon if retired) INDUSTRY Claryyman 13. FATHER'S NAME ProTesta 14. MOTHER'S MAIDEN NAME VaThan Watson 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of Riddle. 4701 Fuller Tar. Fre NONO service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [No 🗆 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) INJURY HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) OF While at Not While Work At work INJURY 22. I hereby certify that I attended the deceased from 8.4. 1, 19#3., to 2/2. J., 1957., that I last saw the deceased 1957, and that death occurred at 3:15. P. m., from the causes and on the date stated above. alive on SIGNATURE (Degree or title) DATE SIGNED 23. BURIAL, CREMATION REMOVAL (Specify) NAME OF CEMETERY OR CKEMATORY LOCATION (City, town, or county) DATE THEREOF (State) 25 DATE REC'D BY LOCAL | REGISTRAR'S SIGNATURE 24. FUNERAL ADDRESS



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

3535

I. PLACE OF DEATH.		2. USUAL RESIDENCE (I	HOME) OF DECEASED.	-10
Baltimore	MARYLAND	STATE Marylar	COUN	ry Howard
CITY (If outside corporate limits, write RURA OR give nearest town) Pikesvill	L and LENGTH OF STAY	TOWN West	ute limits, write RURAL and s Friendship	rive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 122 Hawthor		STREET ADDRESS McH	(Il rural give location) lenry Lane	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Rosella	mi	Ridgely	OF DEATH April	6 1951
Female 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Rec. 31, 1870	9. AGE last birthday If und Month	er 1 year If under 24 hrs. Bays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Howard Cou	or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.C.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Hamilton Hobbs		Mary Jane	Loud	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of		17. INFORMANT		
no service)		Stewart 0.	Ridgely	
I. DISEASES OR CONDITIONS DIRECTLY I		ombosis		INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause inst (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Broncho	pneumonia		
19a. DATE OF OPERATION 19b. MAJOR F				20. AUTOPSY?
				Yes No
21. ACCIDENT (Specify) PLAC OF INJUI	E (Home, farm, factory, street, office bldg., etc.) RY	(CITY OR	rown) (COUNT	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the alive on 6. April., 19.51, and SIGNATURE	that death occurred at	O:30A m., from the	causes and on the date a	
Charles J. Williams 23. BURIAL, CREMATION DATE THEREO		331 Reisterst	own Road OCATION (City, town, or cou	6 April '5]
BREMOVAL (Specify) Apr. 9 19 DATE REC'D BY LOCAL REGISTRAR'S S REG. 4-25-5 Dr. E.		Year Thang	Howard Co. Int Septem	ADDRESS ille Md.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEAT				(HOME) OF DECEASED.	N/DV
COUNTY Ba	ltimore	MARYLAND	STATE Md.	Balt	imore
OR give neares	corporate limits, write RUR t town)	AL and LENGTH OF STAY (in this place)	CITY (If outside corpe OR TOWN ESS	orate limits, write RURAL and	
HOSPITAL OR INSTITUTION O STREET ADDRE	R Ivy Hall Nur	sing Home	STREET ADDRESS 1633	(If rural, give location Eastern Ave.)
3. NAME OF DECEASED (Type or Print)	(First) Katherine	(Middle) Riley	(Last)	4. DATE (Month) OF DEATH April 2	(Day) (Year) 7 1951 19
5. SEX Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH Oct. 30.1970		der 1 year If under 24 hr hs Days Hours Min.
10a. USUAL OCCUE	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State Pennsylvan	or foreigo couotry)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM			14. MOTHER'S MAIDE Katherine G	N NAME	
15. WAS DECRASED E	EVER IN U.S. ARMED FORCES (If yes, give war or dates service)		17. INFORMANT		lto. 21, Md.
	Iso troy	18. MEDICAL CE		024412000 2400	1
Diseases or giving rise to stating the	ent cause (a)	Fracture, &	Inbrillation of the Hear	y Disease	unknown
19a. DATE OF OPE	ERATION 19b. MAJOR	FINDINGS OF OPERATION			Yes No E
	(Specify) PLA OF (Day) (Year) (Hour) il 16/95/87m,	CE (Home, farm, factory, street, office bidg., etc.) JRY INJURY OCCURRED While at Not While Work At work	ESPOY HOW DID INJURY OF	Baltimor	ing room
STENATURE	1/26/5/16 an	d that death occurred at (Degree or title)	2:20 Pm., from the	e causes and on the date	stated above. PATE SIGNED 4/27
REMOVAL (Spe	eify) April 27,	1951	RY OR CREMATORY	Altoona, Pennsy	lvania
REG. 4- 2)	LOCAL REGISTRAR'S	SIGNATURE	0 0	or solono, Balti	ADDRESS

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Pro 3537

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-	
Baltimore MARYLAND	Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town). TOWN CALONS VILLE 5 this place) TOWN CALONS VILLE 4 day	II OLLI LL OUGHUE COPDOPALE HIHIER, WILLE RUICAL AND FIVE NERF	est town)
HOSPITAL OR	STREET (If rural, give locatioo)	
STREET ADDRESS Spring Grove Scale Hospital	ADDRESS 3558 Poole Street	V
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Mooth) (Day RUBY DEATH Appril	
(Type or Print) MARY ANNA CAPONIC 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	DEATH April 1 S. DATE OF BIRTH 9. AGE last birthdây If uoder 1 year	1951
Female White WIDOWED, DIVORCED, (Specify) Widowed	January 15.1863 88 yrs. Months Days	Hours Mio.
10a. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired) housewife 10b. Kind of Business or Industry domestic		ZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.
(Unknown)	(Unknown)	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, oo, or unknown) (If year, give war or dates of service)	Hospital Records, Catonsville 28,	Md.
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		RVAL BETWEEN ET AND DEATH
Immediate cause (a) Lobar pneumonia	left lower lobe 5	days
420. O Antecedent cause(s) Diseases or conditions, If any, (b) Arteriosclerotic	heart disease	ndefinit
giving rise to the above cause statlog the underlying cause last (c). Generalized arter	riosclerosis	ndefinit
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20.	AUTOPSY?
	Ye	s ⊠ No □
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work	HOW DID INJURY OCCUR?	TELL
22. I hereby certify that I attended the deceased from Mar31	, 1921, toAPRILL	e deceased
alive onApril, 1951, and that death occurred at	1:15 D.m. from the causes and on the date stated :	ahove
	ADDRESS DA	TE SIGNED
& challs Hermann Green mo	Grove St. Hospital, Catonsville, Md.	1,/1,/57
Ethel B. Herrmann-Green M.D. Spring 23. BURIAL CREMATION DATE NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, towo, or county)	(State)
REMOVAL (Specify) 4/7/51 manches	ter manches ten med	(State)
DATE REG'D BY LOCAL REGISTRAR'S SIGNATURE REG. 9-6-51	Paul C. Chenowetts . 3615-17 Ches	DRESS
		murre

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3538

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY 12 17	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY R
Dallo, MARYLAND	Male,
CITY (If outside corporate limits, write RURAL and OR give nearest town) OR Give nearest town) CITY (If outside corporate limits, write RURAL and In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2011 Sundalk ave	STREET (If rural, give location)
3. NAME OF (First) (Middle)	
DECEASED (Type or Print) Raymond	hario (Last) 4. DATE (Month) (Day) (Year) OF DEATH (Anil) / 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Aug 1 - 1894 9 yrs. Worths. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business of Industry 10c. Kind of Business of Industry 10c. Kind of Business of Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown) (If year, give war or dates of 2/6-097-452	Julia m, me Coy,
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
1. DISBASES ON CONSTITUTE STATE OF THE STATE	
Immediate cause (a) MUMA (1	Kualing // Mo.
HAZX Antecedent cause(s)	of CV-Rh Islane 44.
Diseases or conditions, if any, giving rise to the sbove cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing desth.	
198. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Vac CD No CD
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work	HOW DID INJURY OCCUR!
The state of the s	1948 (May 1) 1-1
22. I hereby certify that I attended the deceased from	, 19 , that I last saw the deceased
" (A)112/ 1015/ 1011/ 1011/	1400
alive dn	ADDRESS DATE SIGNED
Signal & Albam Clark	1111 11 11 21 NI 1 1/22
11/10/ ATWVD 11/A U A)	made - VY My THESTS
23. BURAL, CREMATION DATE NAME OF CEMETER	£ # 0
David, 19/24/36 Vak 2	un lasten We. md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	24. FUNERAL DIRECTOR ADDRESS
	A CONTRACTOR OF THE PROPERTY O
JI	1685336 mel.

2411 N. Charles Street, Baltimore

3539

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	Z. USUAL RESIDENCE (HOME) OF DECEASED.
. county Baltimore MARYLAND	STATE III.
CITY (If outside corporate limits, write RURAL and OR give nearest town on Sville (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rolay
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Fusting Ave.	STREET (If rural, give location) ADDRESS 5001 Hazel Ave.
3. NAME OF (First) (Middle) DECEASED (Type or Print) J. Edmund Schueler	(Last) 4. DATE (Month) (Day) (Year) OF DEATH APT 11 30/51
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 1CO WCC	Dec. 12,1874 76 yrs. If under 1 year If under 1 year If under 24 hrs. Months Days Hours Min.
Retired VIVII Inglineer 10b. Kind of Business or Retired VIVII Inglineer	11. BIRTHPLACE (State or foreign country) R. Balto. M. (Country)
John Schueler	14. MOTHER'S MAIDEN NAME Barbara Rost
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	John E. Schueler, Jr. 500h Hazel Ave.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Chronic Myses	rdetin with Cardine 3 may
122. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	terraclersain undet
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	nephritie 1 year.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from New Comment	Sec 1948, to april 30, 1957, that I last saw the deceased
alive on Garil 30, 1957, and that death occurred at (Degree or title)	ADDRESS from the causes and on the date stated above, DATE SIGNED
a Bradley Laugherthy on	T. Halethoppe ond, 5-1-51.
Bull Hay 3/51 Mt. Olivet	The state of the s
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 6 / 57 a w Heduck -	Harry TV. Luity (2101 Idmondson Ave.

PLEASE

VS.



2411 N. Charles Street, Baltimore

3540

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-	74-
Kare Like Bollo. D. MARYLAND	mary xame ga	umore
OR give nearest town) (in this place)	OR OR	ve nearest town)
TOWN ISAKE LIVE TOWN		
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS		
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	DEATH Abril	10 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday II under	1 year If under 24 hrs. Days Hours Min.
tem all Courtly (Specify) browning	AMONALIKE 1010'1 OF LA VIS.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	1 BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
done during most of working the, even it retired?	warrender, ver sinia	I. P.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
maltheur (fires m Qs	1 Anna 1	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	11 100 1
(Yes, no, or unknown) (If yes, give war or dates of service)	Clarence State. Bare	Lucks, mg
18. MEDICAL C	CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
A	0	21.2.6
Immediate cause (a) Con Ory	occlusion	3 weeks
121.4		
Antecedent cause(s) Diseases or conditions, if any, (b) Christian In Market	or direct of heart	15 U8040
giving rise to the above cause		7
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
198. DATE OF OPERATION 198. MASOR FINDINGS OF OTERATION		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	(CITY OR TOWN) (COUNTY	Yes No No (STATE)
SUICIDE (Specify) FLACE (Holle, farm, factory, street of office bidg., etc.) INJURY	(CITI OIL TOWN) (COUNTY) (SIAIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not Wbile INJURY m. Work At work		
	- ~ ~	
22. I hereby certify that I attended the deceased from3	, 19.5./., to/	saw the deceased
alive on	1112 Com the source and mathe date of	hadad ahama
CT CLY A COUNTY TO THE A COMMON OF SISSION	ADDRESS I O O V - I/A	DATE SIGNED
SIGNATURES John & J. Complete in Degree of title)	10 3 4 N. Carly St., Ballo., Md	4-11-51
	the state of the s	7 11-5/
	RRY OR CREMATORY LOCATION (City, town, or cour	(State)
Survey 4/12/1951 Str. fo	moun Rulin,	ma.
DATE REC'D BY LOCAL REGIS RAR'S SIGNATURE	24 FENERAL OVERTORIC Funcia	ODRAS ME
REG. 1/12/5/ At Hedrick	1631 print Hill a	ne.
1/0-		100000
	726	8060

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

3541

1. PLACE OF DEATH.		2. USUAL RESIDENCE (I	HOME) OF DECEAS	ED.
COUNTY Baltimore	MARYLAND	STATE Marylan	nd	COUNTY
CITY (if outside corporate limits, write RURAL and OR give nearest town) Catonsville (in this place)		OR TOWN Baltim		AL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Catonsville	Nursing Home	STREET ADDRESS 1005	(If rural, give l Ridgely Stre	
3. NAME OF (First)	(Middle)	(Last)		(onth) (Day) (Year)
DECEASED (Type or Print) Florence	E.	Seymour	OF DEATH	pril 7, 151
female 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATITIES	Aug. 7, 1872	9. AGE last birthday 78 yrs.	If under 1 year If under 24 hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired housewille	10b. KIND OF BUSINESS OF INDISTRY home	Howard County	, Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Henry Oden		14. MOTHER'S MAIDEN	NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or date) service)	of 16. SOCIAL SECURITY No.	Mr. George Sey	ADDRESS mour, 1005 I	Ridgely Street
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebral hen	remhage		72 hrs
Antecedeni cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Cerebral hen Antenio scles	oeis, zeners	lizal, se	we Unavan
(c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de	ath.			
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
				Yes No G
SUICIDE	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	(MWO)	COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended t				
alive on 4 5 , 1957, a	nd that death occurred at (Degree or title)	7 m., from the	causes and on the	e date stated above. DATE SIGNED
Jephon leg fig.	quest MD	Cuting CRY OR CREMATORY II	1/4 28	My 4-7-51
burial (Specify) 4/10/51	Loudon Par	k Cemetery	Baltimore,	Md.
DATE REC'D BY LOCAL REGISTRAR'	SIGNATURE	Wm. Book,	or 2c_ 1217 St	• Paul Street

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

3542 Reg. Dist. No. 43

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL on LENGTH OF STAY OR give present town)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR Fullerton By 48	STREET STREET Wirel, give location to 6.
3. NAME OF DECEASED (First) (Middle) She	(Last) 4. DATE (Month) (Day) (Year)
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DAVOICED, (Specify)	8. DATE OF BIRTH 9. AGE last birth by If under I year If under 24 hrs. Sept 20 86 4 Yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give K) d of work 10b. Kind of Business of done during most of working life, grad the tree in the line of the line	11 DIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. 9. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. nellis Krei sel Ridge Rd.
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Murshot	wown ours post
1/6 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	ut I sanetal trone wa
16 4 c stating the underlying cause last Comparing	o bounderly refle 1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ile.)
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office hidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while injury 4 /5 /95 / 0mA work at work	sunghol would this roll month
22. I certify that I took charge of the remains described above, held an A	Autopsy , Inspection , Inquiry thereon and from the evidence ased died on the day stated above, and death in my opytion resulted
from: natural causes , occident , suicide , homicide ,	undetermined DATE SIGNED
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify), 4/18/5-1 MOYE AND DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	
REG. 4/17/51 aw Hedrick	Lassalu Funeral Home . 7401 Belan Rd.
VJT	540000

VS. A15A

PLEASE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

820

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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	neg. Dist. No	/}
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Intt.
CITY (If outside corporate limits, write/RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	ranco
CITY (If outside corporate limits, write/RURAL and LENGTH OF STAY OR give ocares form) (in this place)	TOWN Mulford	To ocal ast sowo)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13619 at aw (1)	STREET 3619 at am	Toal.
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Laren 4. DATE (Mooth)	Day) (Year)
SEX 6. COLOR OR TRACE 7. SINGLE, MARRIED. WIDOWED OLVORGED. (Specify) (Specify)	DATE OF BIRTH 9. AGE last hirthday If under	
10a. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
13 FATHERS NAME Hollary	14 MOTHER'S MAIDEN NAME THERMAN	n
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, po or unknown) (If yes, give war or dates of service)	MINFORMANT AND ADDIVESS NO SOM	/
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
borner (Throng land	4 /
Immediate cause (a)	, comment	(vans,
420 Antecedent cause(s) Diseases or conditions, if any, (b)	i Heart Disease	5 400
giving rise to the above cause stating the underlying cause last	0+ 00 - 0	
(c) Jonesulying	arteno - ocheron	597
II. OTHER SIGNIFICANT CONDITIONS Conditions cootributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	CAMPAN OF MONTH	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2.2.		
alive on 1951, and that death occurred at SIGNATURE (Degree or title)	3.45 fm., from the causes and on the date str	ated above. DATE SIGNED
	108 - Shut Hts . Balto.	onli-
REMOVAL (Specify) VALUE VALUE OF CEMETER OF LOW OUT	Tack aux faltwork	The s
DATE REC'D BY LOCAL RINGISTRAR'S SIGNATURE ROG. 23/5 (M.) HECKEL	Theles Laworeau 4510 kg	bery Hals an

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

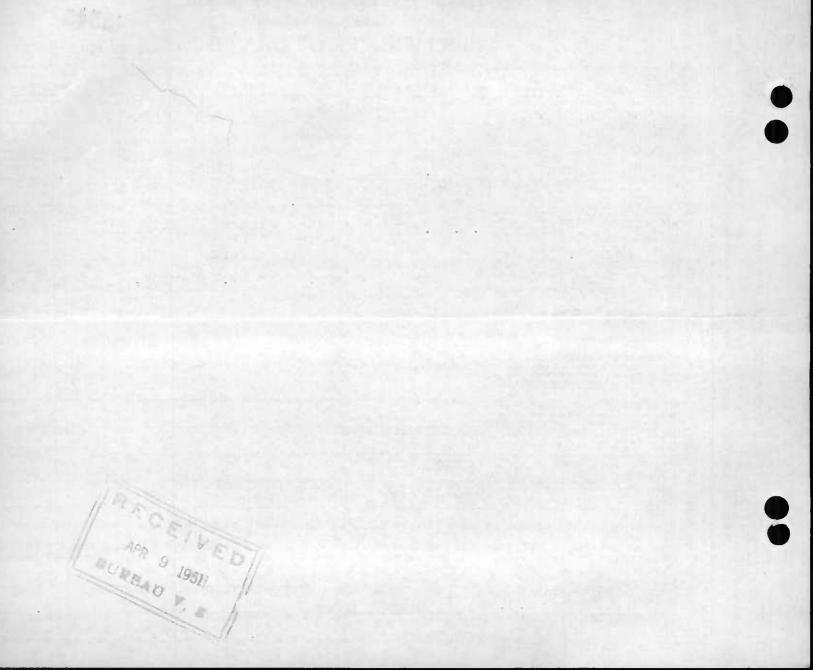
1. PLACE OF DEATH COUNTY RO			2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Warriand COUNTY			
DAT CLINOT 6 MARYLAND			Maryland Baltimore			
CITY (If outside co OR give nearest TOWN	town Residents, write RUR	AL and LENGTH OF STAY lodgers Forge	CITY (It outside corporete limits, write RURAL end give nearest town) OR TOWN ANALYMOUS Rodgers Forge			
HOSPITAL OR			STREET (If rural give location)			
INSTITUTION OR STREET ADDRESS 6829 Blenheim Road			ADDRESS 6829 Blenheim Road			
3. NAME OF (First) (Middle) DECEASED (Type or Print) Jean Brown Shearer			(Last) 4. DATE (Month) (Day) OF DEATH April 16,			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH	9. AGE last birthday If u	nder I year If under 24 hrs.	
female	white	WIDOWED, DIVORCED, (Specify) single	Dec. 8, 1859	91 yrs.		
	ATION (Give kind of work vorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Bellimore Md.			
	13. FATHER'S NAME			Baltimore Md. U.S.		
William Shearer			Agnes Carr			
15. WAS DECEASED EV (Yes, no, or unknown)	Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. 17. INFORMANT Wiss Grace Shearer-6829 Blanks					
	laervice)		1	ar or cost brown	JAM TONG	
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN	
I. DISEASES OR CO	INDITIONS DIRECTLY	LEADING TO DEATH	21		ONSET AND DEATH	
		Pulmman	1 Nomenale		10 Wignet	
502 / Immedia	te cause (a)	July 1000	, portion of the			
Antonodo	nt cause(s)	01.	Re alt	. /	1 mark	
IA 6 Pr Diseases or	conditions, if any, (b)	minu !	somewa	Z	6 wells	
giving rise to	o the ebove cause inderlying cause last					
arating the t	(c)				1	
II. OTHER SIGNIFI	CANT CONDITIONS	0-4-	11		1	
Conditions contribu	iting to the death but not	allen	o - Acles	nio		
	se or condition causing deat	FINDINGS OF OPERATION			20. AUTOPSY?	
136. DAIL OF OLL	1011 1011					
AL ACCIDENT	(Specific) I DI A	CE (Home, farm, factory, atreet,	(CITY OR	TOWN) (COUN	TY) (STATE)	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF INJU	office bldg., etc.)			II) (SIAIE)	
TIME (Month)	(Dey) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OF	CCUR?		
OF INJURY	m.	Work At work				
		(/_	- 11 61	.=/		
22. I hereby certi	ify that I attended the	e deceased from	, 199. to la	195/, that I la	st saw the deceased	
	11 11 120 1-1	d that death occurred at	11:50 8			
alive on		Degree or title)	ADDRESS	causes and on the date	e stated above.	
SIGNATURE	0 11	(Degree of title)		120	DATE SIGNED	
delu	ecle IK.	Vere mp	6701 York Road	1/4	m5 We	
23. BURIAL, CREM. REMOVAL (Spec	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or	county) (State)	
REMOVAL (Spec	(4/18/51	Loudon Park		Baltimore. Md.		
DATE REC'D BY			24. FUNERAL DIRECT		ADDRESS	
REG.	D (6.4)	Beduch		1 & Sons, Inc1	900 Eutaw Place	
	3/		MA PARTIN	4/11/1		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE		COUNTY
	Baltimore	MARYLAND	Man Man	ryland -	Anne Arundel
OR give nearest	rporate limits, write RUR.	AL and LENGTH OF STAY (in this place)	II OB		
	tatonsville		TOWN Past	adenalle (Ru	
HOSPITAL OR INSTITUTION OR	s Home of t	he Dines	ADDDECC		
STREET ADDRES	S HOMO OF C			Side Beach	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	OF.	onth) (Day) (Year)
(Type or Print)	John	F.	Shipley 18. DATE OF BIRTH	DEATH AD	ril 5, 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWET		1 01	If under 1 year If under 24 hrs. Months Days Hours Min.
Male	White	(Specify) WICOWET	Sept. 1618/	4 76 ym.	12. CITIZEN OF WHAT
dona during most of W	TION (Give kind of work orking life, even if retired) (Retired)	INDUSTRY MILY	94		Comment
Wanager	(Retired)	A.A.Co.Farm	114. MOTHER'S MAIDE	del County	U.S.
			Johanna Cla		
	n A. Shipley er In U.S. Armed Forces	? 16. SOCIAL SECURITY NO.	17. INFORMANT ANI	ADDURES	Dorsey Road
(Yes, no, or unknown)	(If yes, give war or dates service)	None		M Anderson	Glen Burnie, Mo
NO	service)	18. MEDICAL C		a. Ander Bon,	Gren parmie, Me
			ERITICATION		INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH		×	ONSET AND DEATH
	(1)	Executed &) scompens	alion	3wh.
Immediate	cause (a)				
442X Anteceden	t cause(s)	1-5-1. Vac	la Romal	Dieses	530
eluing rise to	onditions, if any, (b) Lo	C. Caraco-III		V	
13/a stating the un	nderlying cause last				
	(c)				
11. OTHER SIGNIFIC	ting to the death hut not	. Daniel	X		270'
	e or condition causing deal	FINDINGS OF OPERATION)		20. AUTOPSY?
192. DATE OF OPE	CATION 130. MANAGES	PINDINGS OF OTELLIZOR			,
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	: (CITY OF	R TOWN)	COUNTY) (STATE)
SUICIDE	OF	office bldg., etc.)	(01110		(01111)
HOMICIDE (Month)	(Day) (Year) (Hour)	I INJURY OCCURRED	HOW DID INJURY	CCUR?	
OF		While at Not While Work At work			
INJURY	m.	- /	1		
22. I hereby certi	fy that I attended th	e deceased from July 2	3, 1957, to apri	. 5, 19.57, that	I last saw the deceased
alive on	?: 5/, 195/, ar	nd that death occurred at	ADDRESS m., from t	he causes and on the	e date stated above. DATE SIGNED
SIGNATURE	2 6 11	(Detree of title)	2 //	() 1	
Alled-and	5. Hadlage	y Mita	alosoville 2	28, 10.	4-6-51
23. BURIAL, CREM		OF NAME OF CEMET	ERY OR CREMATORY	LOCATION (City, tow	n, or county) (State)
REMOVAL (Spec	(4) Apr. 7, 1	1951 Meadow F	Ridge	Dorsey	Md.
DATE REC'D BY			24. FUNERAL DIREC	TOR	ADDRESS
REG. 4-6-	51 7/ 5	Harry	Inomas W.	Singleton G	len Burnie Md.
					052888



Dr. Bacon

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEAT	H. Balto.Co		I 2. USUAL RESIDENCE (H	HOME) OF DECEASED.	
COUNTY	Parkville	MARYLAND	STATE Maryl	and coun	TYparkville
CITY (If outside OR give neares TOWN				nte limits, write RURAL and ltimore Co.	
HOSPITAL OR INSTITUTION O STREET ADDR	or 2820 Garr	net Road	STREET ADDRESS 2820	(If rural, give location) Garnet Road	
3. NAME OF DECEASED (Type or Print)	(First) Lurette	(Middle)	(Last) Simms	4. DATE (Month) OF DEATH APPI	
female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 100WC	June 9. 1873	77 yrs.	ns Days Hours Min.
done during most of a t. 13. FATHER'S NA	PATION (Give kind of work working life, even if retired)	10b. Kind of Business on Industry	Fredericksbur 14. MOTHER'S MAIDEN		12. CITIZEN OF WHAT COUNTRY?
Cha	rles Layton		Mary A.	NAME	
15. WAS DECEASED 1 (Yes, no, or unknown	EVER IN U.S. ARMED FORCES (If yes, give war or dates of service)	7 16. SOCIAL SECURITY NO.	Mr. Thomas A	Address A. Simms, 2820	Garnet Rd
0		18. MEDICAL CE	ERTIFICATION		INTERVAL BETWEEN
I. DISEASES OR C	CONDITIONS DIRECTLY				ONSET AND DEATE
Immedia	to cause (a)	Uraemia	0-4	*** * * * * * * * * * * * * * * * * *	& days
442x Anteced	ent cause(s) r conditions, if any, (b).	hronic card	the hughester	- send	10 yet
50 giving rise stating the	underlying cause last	Sureinoma	2 22 0	ast	3 mos
II. OTHER SIGNII Conditions contri-	FICANT CONDITIONS huting to the death but not ease or condition causing deat ERATION 19b. MAJOR 1	abdomina	I homia		40 yest
19a. DATE OF OP	ERATION 19b. MAJOR 1	FINDINGS OF OPERATION			Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	JRY			Y) (STATE)
TIME (Month OF INJURY) (Day) (Year) (Hour) m.	While at Not While Work At work	HOW DID INJURY OC	CURI	
	- A	e deceased from Oct.	2 1 //		
alive on SIGNATURA	Jan. 3, 1951, ar	d that death occurred at (Degree or title)	ADDRESS . from the	causes and on the date	stated above. DATE SIGNED
9.7	16 acon	W.D. a	8 10 Jaylo	r leve.	4/24/51
23. BURIAL, CRE REMOVAL (Sp Buria	1 4	Parkwood	Cemetery		Maryland
DATE REC'D BY			Leonard J. F	OR	ADDRESS

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

BUREAU V. S.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3547

1. PLACE OF DEATH.		II 2 TIGUAL DECLINENCE /	OMEN OR PROM	4 (3535)	
COUNTY PASTA	MARYLAND	2. USUAL RESIDENCE (F	IOME) OF DECE	COUNTY	RASTA
CITY (If outside corporate limits, write RURA	I and I I ENCETT OF STAY	CITY (If outside corpora	te limita/ write RI	IRAL and give	nogreet town)
OR givo nearest town	(in this place)	OR TOWN THEO	bron	ALLE AND EIVO	nearest sown)
HOSPITAL OR INSTITUTION OR 315	2-100000	STREET	(If gural, giv	e location)	
STREET ADDRESS	seed cive.	ADDRESS TO	Bet F	3/19	
3. NAME OF (First)	(Middle)	(Last)	1 4. DATE	(Month)	(Day) (Year)
DECEASED (Type or Print)	The will	Khipper	OF DEATH	4 - 4	19 0/
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH		ay If under 1	year If under 24 hrs
M in	WIDOWED, DIVORCED, (Specify)	ale:115-1873	170	Months I	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR	1. BIRTHPLACE (State of	foreign country)	12.	CITIZEN OF WHAT
done during most of working life, even if retired)	INDUSTRY Files	Dallato.	mar	Co	OUNTRY? SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME De 11	17	-1011
Gohn Kripplin		This is bell	1 Hell		
15 WAS DECRASED EVER IN U.S. ARMED FORCES		17) INFORMANT AND	ADDRESS/ //		1 1
(Yes, no, or unknown) (If yes, give war or dates o		TA INDLANT	YR. Who	1/1/10	I To Wall
	18. MEDICAL CE	RTIFICATION	May 19 32	2 . 0 863 66	15.10 / 1110 ·
I. DISEASES OR CONDITIONS DIRECTLY,			. '		INTERVAL BETWEEN
I. DESERSES ON CONDITIONS DIRECTED	LEADING TO LEATH	· /	0		ONSET AND DEATH
Immediate cause (a) M	youardial dege	nealean + fa	elene		lucuen
1/20 / Antecedent cause(s)		/)			
Diseases or conditions, if any, (b)		U			
giving rise to the above cause stating the underlying cause last	1 1		0		1
(c)	tolones School	Ers. Gonask	130d SO	126	luxuoun
II. OTHER SIGNIFICANT CONDITIONS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10000	7 - 1+	1	· · · · · · · · · · · · · · · · · · ·
Conditions contributing to the death but not related to the disease or condition causing death					
19a, DATE OF OPERATION 19b. MAJOR F					20. AUTOPSY?
					ZV. AUTOISII
21. ACCIDENT (Specify) PLAC	CE (Home, farm, factory, street,	: (CITY OR T	OWAL	(COMPANY)	Yes No D
SUICIDE OF INJU	office bldg., etc.)	(CILLOW I	OWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	UR?		
OF INJURY m.	While at Not While Work At work				
INJURI III. I					
22. I hereby certify that I attended the	deceased from 9-19	, 195/, to 4-25	19.5/ th	at I last say	w the decessed
1 10 51	_	C 40			
alive on 4 19 19.54, and SIGNATURE	i that death occurred at	m., from the	causes and on t	the date stat	ed above.
SIGNATURE	(Degree or title)	ADDRESS	11.	0	DATE SIGNED
X 1 10 188 11/01	21000 MI)	(B) mon	11/6 20	hold	-25-81
23 BURIAL, CREMATION DATE THEREO	F I NAME OF CEMETE	RY OR CREMATORY L	OCATION (City, t	OWN AN AGUNTUS) (State)
REMOVAL (Specify)	11 10 Na. 18	2 -1 12	low k to	own, of country)	A ST CONTRACTOR
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. PUNERAL DIRECTO	B 121 19731	111111	ADDRESS.
REG/1/25/51 7/7	7/	The state of the s	nad.	11 40 10	ADDRESS
7/67/21 / 60	marry	- 1111	11111	1.11.12	111.
, , ,			/	12011	(2)
				0.00	

BURGAN SEN

2411 N. Charles Street, Baltimore

3548

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
Bal To MARYLAND	Md Galto	
CITY (If outside comporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give r	nearest town)
OR give nearest town) Balto eo (in this place) TOWN	TOWN White age 76 h	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR (II ADDRESS DI	
STREET ADDRESS JY Hall. N. H	" Phila Rd	**
3. NAME OF (Middle)	(Last) 4. DATE (Month)	Day) (Year)
(Type or Print) /+ /V/ // V d d	J/VITTI DEATH WOW	19 5
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under ly	ear If under 24 hrs. Hours Mln.
(Specify) married	Sept 23 1872 7 yrs. 1000000	ways Liouis Milli.
On. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done-during most of working life, even if retired) INDUSTRY Packer	B-1+0.00 and	UNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	404
	A I	
WM KNIGHT	17. INFORMANT	
(5. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. Yes, no, or unknown) (If yes, give war or dates of		
No service) No Ne	Mrs. Hanry Eurice Phila. Rd. Wh	itemarsh.
18. MEDICAL CE	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
i. DISEASES OR COMMITTORS DIRECTED MANDERS TO DESIGN		
Immediate cause (a) Doronary	Occusion	rudder
Immediate cause		period are not the first of the contract of th
/ Antecedent cause(s)	molitica	1111.11
Diseases or conditions, if any, (b)		10/4/02
giving rise to the above cause stating the underlying cause last		
(c) Devile Aller	day (maema	
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	i i	20. AUTOPSY?
avai Diazzi Oz Varianizotti		Y
A STATE OF THE STA	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITTOR TOWN) (COUNTY)	(SIAIE)
HOMICIDE		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF While at Not While Not		
	7 1-1 6 2 10 01	
22. I hereby certify that I attended the deceased from I	190 to 1904, to 1904, that I last saw	the deceased
	(1)	
alive on 1901, and that death occurred at	m., from the causes and on the date state	ed above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Mansagar ale de MI	Bulta hed 4	-8-57
////www.mummill	ERY OR CREMATORY LOCATION (City, town, or county)	101
		(State)
Burial 11/3/ Can p.Cha	pel. Cem. Balta	co Ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG.	Lassalm Funeral Home 741/ Belain Re	1 Balli co M
		1 000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

MARGIN RESERVED FOR BINDING

age

INDING
item of information carefully. The correct age

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

3549

FILM No. G -1	5 2 APR 18 19!	FOR MEDICAL	EXAMINERS	Reg. Dist.	No. 39
1. PLACE OF DEAT		MARYLAND	STATE Mary		NTY Faltimore
OR give nearest TOWN	orporate limits, write RUR. t town) Jacksonville	AL and LENGTH OF STAY (in this place)	OR TOWN Phoe	prate limits, write RURAL and	give nearest town)
HOSPITAL OR	Res Paper Mill Ro		STREET ADDRESS	(II rural, give location)
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	ELIJAH	JAMES	SMITH	DEATH April	8 1951
5. SEX	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, BIVORCED, (Specify) Single	8. DATE OF BIRTH 7/10/1890	9. AGE last hirthday If un Mon	der I year II under 24 hrs. ths Days Hours Min.
done during most of	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Mill	Baltimore Co	2.0	12. CITIZEN OF WHAT COUNTRY?
Sawyer 13. FATHER'S NAM	1E		14. MOTHER'S MAIDE	N NAME	
	W. Smith		Laura O. Car	mady	
(Yes. no, or unknown)	VER IN U.S. ARMED FORCES (II yes, give war or dates of service)	? 16. SOCIAL SECURITY NO.	Clara Lauden	nan 5904 Bellona	Ave.
		18. MEDICAL CE	RTIFICATION		1
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		Coronary a	rtery sclerosis		
Immediat				****** **** *** * * * * * * * * * * *	s (1000)
Diseases nr		O. C. acut	te alcoholism		
	o the above cause underlying cause last		(4/18/51 a	ike)	
H OTHER SHARES	(e)				
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat	h			
19a. DATE OF OPE	RATION 196. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
at Dr. William Co.	VOS WAG	GD W	COLUMN ON	Towns (Control	Yes X No 🗆
21. EXTERNAL CA PRIMARY OR CO CAUSE OF DEAT	ONTRIBUTING OF H. INJU		(CITY OR		TY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY O	CCUR?	
22. I certify that i	took charge of the rema	ins described above, held an A	Autopsy A Inspection	, Inquiry thereon as	nd from the evidence
from; natura SIGNATURE	l causes], accident [r Inquiry, find that said dece], suicide [], homicide [], (Degree or title)	undetermined	rea anove, and aeath in i	DATE SIGNED
Stanl	Pen A. Daulo			timore 2, Marylar	
21 BURIAL, CREM REMOVAL (Spec	AZION DATE THERE	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or c Jannettsville,	ounty) (State)
DATE REC'D BY REG,			24 ENERAL DIRECT	OR OR	ADDRESS

VS. A15A

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY 3 altimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Balto.
CITY (If outside corporate limits, write RURAL and CENGTH OF STAY OR give nearest town) OR give nearest town) OR give nearest town) OR give nearest town)	CITY (If outside corporate limits, write RURAL and give n OR TOWN	earest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 East Chesageake ane.	STREET 23 East Ches afech	e ave.
(Type or Frint)	Smith OF April /	Day) (Year)
5. SEX Male Color or RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	3. DATE OF BIRTH 9. AGE last birthday If under 1 y 9. AGE last birthday If under 1 y Months. Di	rear II under 24 hrs. Hours Min.
done during most of working life, even if retired) When drives Transportation Co.	Mary land Con	CITIZEN OF WHAT
13. PATHER'S NAME John Smith	14. MOTHER'S MAIDEN NAME	
15. Was DECRASED Exter In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of 215-01-3992)	Mus. Millow Smith Tourson	n, rud.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	AL ALL	NTERVAL BETWEEN DEATH
Immediate cause (a) Circle of throm	bosis	1 day
332 Antecedent cause(s) Diseases or conditions, if any, (b) Arturactural -	hypertension	Sugar
Diseases or conditions, if any, (b) www. (b) giving rise to the above cause stating the underlying cause last (c)	- Human	o gialo.
1 tridect to the disouse or containing committee of	heart disease	1 /4 yrd.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		O. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mey	,	
signature Signature Signature Signature Signature Shuril , M. C.	2 : 11	d above. DATE SIGNED if (0, 1951.
23. BURFAL, CREMATION DATE NAME OF CEMETER DEMOVAL (Specify)	holic Cens. Jong streen, Balto. C	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR Some Town	ADDRESS
1/60	625	516

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3551

1. PLACE BY DEATH COUNTY COUNTY COUNTY COUNTY CITY (if outside corporate limita, write RURAL and LENGTH OF STAY OR WITH COUNTY) CITY (if outside corporate limita, write RURAL and give nearest town) OR STATE OR		rieg. Dist. 140	94, 1044.1004
CITY (If outside corporate limits, write RURAL and of Lord 10 STAY OR 10 STAY	1. PLACE OF DEATH.		
CITY (If cutside corporate limits, write RUBAL and give nearest town) ONLY TOWN TO workers town) ONLY TO work	Balto, MARYLAND	14	Y
TOWN HOSPITAL OR HOSPITAL OR STREET ADDRESS \$ 19	CITY (If outside corporata limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	/a nearest town)
STREET ADDRESS 709 Hay Ford Rd STREET (It runs), give location) STREET ADDRESS 709 Hay Ford Rd Rd STREET ADDRESS 709 Hay Ford Rd	TOWN Balto. CO Holys	TOWN Balto.Co	
STREET ADDRESS Y O 9 MAY FAY O 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HOSPITAL OR	STREET (If rural, give location)	
DECASED Type of Viria) 5. SEX 6. COLORO RACE 7. SINGLE MARRIED (Specify) MACY 12 No. 17 - 18 94 19. USUAL OCCUPATION (Give kind of work) done during most of working lift, even if rules and state of the state	STREET ADDRESS 8709. Hay ford. Rd	8709. Harford Rd.	
Citype of Print) Citype of Print) Color or Race 7. Sinale, Married 19. Sinale, Married 19. Ace is at birthday Ituder 19es Itu	3. NAME OF (First) (Middle)		(Day) (Year)
6. COLOR OR RACE WIDOWED, DIVOWED, DIVO	(Type or Print) E/S/4.	JONN DEATH April	10 195
Specify May 1 Specify	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE last birthday If under	I year If under 24 hr
Industrial Ind	/ (Specify) Married	1/VAV. 11-18941 36 yrs. 1	Days Hours Min.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 17. INFORMANT AND ADDRESS 18. MEDICAL CERTIFICATION 18. MEDICAL CER			COUNTRY?
15. WAS DECEMBER EVER IN U.S. ARRED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 17. INFORMANT AND ADDRESS 18. MEDICAL CERTIFICATION 18. MEDICAL	Honse Wife ! BWN. Home	SI. Marys Co	U.S.A
18. MEDICAL CERTIFICATION Interview or of dates of None (1) yes, give war of dates of dates of dates of dates of None (1) yes, give war of dates o	,, ,	- · ·	
No No No No No No No No No No No No No No No No	Haydan byaves	M. Edna. Woods	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Melectric Cause (a) Melectric Ca	(Yes, no, or unknown) ((If yes, give war or dates of		
Inmediate cause (a) Melastatic Carrier of Death Immediate cause (b) Marcing of Death Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause last (c) 11. OTHER SIGNIFICANT GONDITIONS Conditions contributing to the death but not related to tha disease or condition causing death. 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) NIJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from 1 At work Not While Work At work 1 At work 1 At work 1 At work 1 ADDRESS 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS		My. F. W. SONN. JY. 8709. Har	ford. Rd
Immediate cause (a)	18. MEDICAL CEI	RTIFICATION	INTERVAL RESIDENT
Antecedent cause (s) Disease or conditions, if any, giving rise to the above cause (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE (Specify) OF office bidg., etc.) INJURY OCCURRED While at Not While OF INJURY OCCURRED While at Not While Not While at Not While At work 22. I hereby certify that I attended the deceased from 1. 2. 2. 1950., to 4. 19. 5., that I last saw the deceased alive on 4. 19. 1957., and that death occurred at 9. 45. m., from the causes and on the date stated above. SIGNATURE 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or country) (State) DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
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stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to that disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 22. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 23. BURIAL, CREMATION (Day) (Year) (Hour) INJURY OCCURRED Work At work Oberred at 9.45m., from the causes and on the date stated above, DATE SIGNED 24. FUNERAL DIRECTOR ADDRESS 25. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) 26. AUTOPSY? Yes D No D You County) (STATE) 19. ACCIDENT (Specify) (STATE) 19. ACCIDENT (Specify) (STATE) 19. ACCIDENT (STATE)	Antecedent cause(s)		
Stating the underlying cause last	Diseases or conditions, if any, (b)	sugar de Co Cal	1-42
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While Not While Not While At work More SIGNATURE (Degree or title) ADDRESS 22. I hereby certify that I attended the deceased from 1950, and that death occurred at 950, to 1950, to 1950, to 1950, that I last saw the deceased alive on 1951, and that death occurred at 950, man, from the causes and on the date stated above. DATE SIGNATURE (Degree or title) Signature 1950, to 19	to 2 stating the underlying cause last		
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While Not While Not While At work 100 May Not While May Not While At work 100 May Not While May Not While At work 100 May Not While May Not	(c)		1
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (HOMICIDE (INJURY) (STATE)) 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (STATE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While INJURY) Work At work How DID INJURY OCCUR? While at Not While At work (INJURY) (STATE) Alive on 4 - 19 - 1957, and that death occurred at 9 - 1950, to 4 - 19 - 1957, that I last saw the deceased alive on 4 - 19 - 1957, and that death occurred at 9 - 1950, to 4 - 1957, that I last saw the deceased alive on 4 - 19 - 1957, and that death occurred at 9 - 1950, to 4 - 1957, that I last saw the deceased alive on 4 - 1957, and that death occurred at 9 - 1950, to 4 - 1957, that I last saw the deceased alive on 4 - 1957, and that death occurred at 9 - 1950, to 4 - 1957, that I last saw the deceased alive on 4 - 1957, and that death occurred at 9 - 1950, to 4 - 1957, that I last saw the deceased alive on 4 - 1957, and that death occurred at 9 - 1950, to 4 - 1957, that I last saw the deceased alive on 4 - 1957, and that death occurred at 9 - 1950, to 4 - 1957, that I last saw the deceased alive on 4 - 1957, and that death occurred at 9 - 1950, to 4 - 1957, that I last saw the deceased alive on 4 - 1957, and that death occurred at 9 - 1950, to 4 - 1957, that I last saw the deceased alive on 4 - 1957, that I last saw the deceased alive on 4 - 1957, that I last saw the deceased alive on 4 - 1957, that I last saw the deceased alive on 4 - 1957, that I last saw the deceased alive on 4 - 1957, that I last saw the deceased alive on 4 - 1957, that I last saw the deceased alive on 4 - 1957, that I last saw the deceased alive on 4 - 1957, that I last saw the deceased alive on 4 - 1957, that I last saw the deceased alive on 4 - 1957, that I last saw the deceased alive on 4 - 1957, that I last saw the deceased alive on 4 - 1957, that I last saw the deceased alive on 4 - 1957, that I last saw the deceased alive on 4 - 1957, that I last saw the deceased alive on 4 - 1957, t	Conditions contributing to the death but not		
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21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) PLACE (Home, farm, factory, street, office b			Yes П No П
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at	SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	
22. I hereby certify that I attended the deceased from	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-22, 1950, to 4-10, 1957, that I last saw the deceased alive on 4-12, and that death occurred at 9 45 mm, from the causes and on the date stated above. SIGNATURE: (Degree or title) ADDRESS DATE SIGNED 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS			
alive on			
alive on 14 1957, and that death occurred at 1957, and that death	22. I hereby certify that I attended the deceased from		aw the deceased
SIGNATURE: (Degree or title) ADDRESS DATE SIGNED 4-12-51 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE SIGNED 4-12-51 25. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BALLY COLUMN DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ADDRESS 26. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BALLY COLUMN DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ADDRESS DATE SIGNED 27. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ADDRESS DATE SIGNED	alive on 4-10 1957 and that death occurred at S	7 45 m from the source and on the date at	ated above
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify)	SIGNATURE: (Degree or title)	ADDRESS	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS ADDRESS	Harold a grott, 4.0.		1 , 2
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REG.	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	Burial 17/14/3/ Markwood	Cen Ball	to Md
Jasselm Finneral Home 7401 Belain Rd.	DEC .	24. FUNERAL DIRECTOR	
	4-12-311	Lassalin Timeral Home 7401 B	el an Rd.

She Grotte



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

COUNTY Be Iti	more County	MARYLAND	2. USUAL RESIDENCE (. 1	COUNTY	Harford
CITY (If outside of OR give nearest TOWN	corporate limita, write RUR. t toyn)	AL and LENGTH OF STAY (in this place)	CITY (If outside corpor OR TOWN	Edefen	vool	
HOSPITAL OR INSTITUTION O STREET ADDRE	R Rev. A. Opitz	Nursing Home e. & Nummery Lane	STREET Edmon	ideon (IAWal ei	ve lecation) y	dan e
3. NAME OF DECEASED (Type or Print)	Elizabeth	(Middle)	(Last) Spraker	DEATH	(Month) April	(Day) (Year) 6 1951 19
s. sex Female	& COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Sept. 19, 1870	81 y	lay If under Months.	Days If under 24 hrs. Days Hours Min.
done during most of v	ATION (Give kind of work corking life, even if retired) 102 U 1 O N	10b. Kind of Business on Industry	Baltimore, M			COUNTRY?
13. FATHER'S NAM	Æ		14. MOTHER'S MAIDEN	INAME		
August F	unte		Mary Elizabet	h Punte		
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	0 0	17. INFORMANT AND			
(1es, no, or unknown)	(If year, give war or dates of service)	No	Harry W.Sprak	er(Son)Edg	ewood. 1	Md.
I. DISEASES OR CO	onditions directly	18. MEDICAL CE	etification white ref	Wacut	()	INTERVAL BETWEEN ONSET AND DEATH
22,2 Antecede	nt cause(s)	Semileta.				
92 giving rise t	conditions, if any, (b) to the above cause underlying cause last		entengalarin ang antaridi dag-da-ryadyarin-ang-aday speringalar a pendandarian busahana aras ara			
Conditions contrib	ICANT CONDITIONS uting to the death but not ase or condition causing deat	h.			00000 Collebbide besir dit e yerrinyeyê e q	то на на то «обосполоский фициророро» «««
		FINDINGS OF OPERATION				Yes No No
21. ACCIDENT SUICIDE HOMICIDE	OF INJU		(CITY OR		(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	While at Not While Work At work	HOW DID INJURY OF	CUR?		
22. I hereby cert	tify that I attended th	e deceased from A	195/, to 7/6	, 19.5 , tl	hat I last sa	aw the deceased
alive on	5 , 19 5 , an	d that death occurred at	ADDRESS from the	causes and on	the date sta	ated above. DATE SIGNED
J. Kiles	19/1	noon Mily	Calomr	Me_,1	m.	4/6/51.
23. BURIAL, CREM REMOVAL (Spe- Burial		1951 Baltimore Ce		Baltimor	e, Md.	y) / (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO		don. Md	ADDRESS
- 7/6/	71 1 64	yarry	Monara W. Mooo	many and with the	acting state	
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Saltimore County

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Sept. 19, 1870 Testorge

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Elizabeth

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A. B.U.

Beltimore, Maryland

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NO

C.E.

April 9, 1951 Baltimore Cemetary

Howard K. McComas, Abingdon, Md.

.b% .eromiting

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3553

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED BUILTIMORE		
CITY (If outside corporate limits, write RURAL and OR give nearest town) Fullerton LENGTH OF STAY DWN Cinwin Property Cinwin Propert			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fitch Lane	STREET (If rural, give location) ADDRESFITCH Lane, Fullerton		
3. NAME OF (First) (Middle) DECEASED (Type or Print) Mary Elizebeth	Steen 4. DATE (Month) (Day) (Year) DEATH Apr. 9, 51		
Female White 7. SINGLE, MARRIED, WIDOWED WIDOWED WITTER	8. DATE OF BIRTH Oct. 15,71 9. AGE last birthday If under 1 year Months Days Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) Jalternace, 12. CITIZEN OF WHAT COUNTRY?		
Henry Eckstorm	14. MOTHER'S MAIDEN NAME Brauer		
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of None	Mr. Sigurd Steen 135 S. Potomac		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Thy Cardial Antecedent cause(s) Diseases or conditions, it any, giving rise to the above cause stating the underlying cause last Authority to the above cause Authority to the above cause ast Authority to the above cause Authority to the above cause ast Authority to the above cause	Pailine and DEATH John - reval slience - 2 Elevis .		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	20. AUTOPSY? Yes \(\text{No } \text{No } \text{STATE} \)		
SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY While at Not While INJURY Work At work	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from april 2	1951, to quil 9, 1957, that I last saw the deceased		
SIGNATURE F. Strumein The -	ADDRESS DATE SIGNED (1951)		
DEMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State) Cemetery Baltimore Md. ADDRESS		
AFRITI951	Paul A. Heemann 6067 Harford R.		

2411 N. Charles Street, Baltimore

3554

CERTIFICATE OF DEATH

Reg. Dist. No. 43

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. county timore Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR Town give nearest town lerton (in this place) TOWN Fullerton HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS Fitch Lane Fitch Lane STREET ADDRESS (Middle) 3. NAME OF (First) (Last) 4. DATE (Month) (Year) DECEASED OF DEATH April Siguard Steen (Type or Print) 8. DATE OF BIRTH 60 9. AGE last birthday 6. COLOR OR RACE 7. SINGLE, MARRIED If under 1 year III under 24 hrs WIDOWED DIVORCED, (Specify) WICOWEY Months Days | Hours | Min. Male White Dec 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 12. CITIZEN OF WHAT done during mest of working life, even if retired) INDUSTRY COUNTRY! Bergen Norway 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gerhard Steen Unknown 17. INFORMANT AND ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give war or dates of 218-09-6163 Gerhard Steen 6010 Glenoak Ave service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [No ID PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) 21. ACCIDENT (Specify) (COUNTY) (STATE) SUICIDE INJURY HOMICIDE HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from Chil , 1991., to and I, 1991., that I iast saw the deceased m., from the causes and on the date stated above. alive on 4 and that death occurred at 5 SIGNATURE (Degree or title) ADDRESS DATE SIGNED LOCATION (City, town, or county) 3. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY EMOVAL (Specify) manue! Cemeterv 24. FUNERAL DIRECTOR DATE REC'D, BY LOCAL REGISTRAR'S SIGNATURE

of information carefully death clearly and legibly. ly every item the causes of d Supply Write MARGIN RESERVED INK. PLAINLY, WITH UNFADING s especially important. Physicians:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3555

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY
CITY (If outside accounts limits prite PURAL and I LENGTH OF STAV	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Balto.22.Md (in this place)	TOWN Turner Station Md
HOSPITAL OR	STREET (If the give location)
INSTITUTION OR STREET ADDRESS 546 "ew Pittsburg Ave	ADDRESS 546 New Pittsburg Ave
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) David H.	Stevenson DEATH 4 8 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
Male Col. WIDOWED, DIVORCED, (Specify) Widowed	2/22/IS6I 90 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Taboren III General	Baltimore Md U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unkown	Unkown
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	Marie Watkins 245 New Pittsburg Ave
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
	ONSET AND DEATH
Immediate cause (a) Jap 1 (comma)	
Immediate cause	**************************************
Antecedent cause(s)	late of Parante
Diseases or conditions, if any, (b)	was , Coveribly
9 4 a giving rise to the above cause stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	Yes No
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(OTT OTTOWN) (OUTT) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	I HOW DID INJURY OCCUR?
OF While at Not While INJURY Mat work	
	· '' O'
22. I hereby certify that I attended the deceased from 3-/	, 1957., to 7-8, 1957., that I last saw the deceased.
11 1 4-8 1000 and also and Durand as	4.45 P.m., from the causes and on the date stated above.
alive on, 1934, and that death occurred at SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Statistical	112-0 1/2/17
I would by A mound	16. 1 1 my francist / my Elh
	OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) 474/II/I951 Wit Calvery	Cem. Brooklyn Md.

2411 N. Charles Street, Baltimore

3556

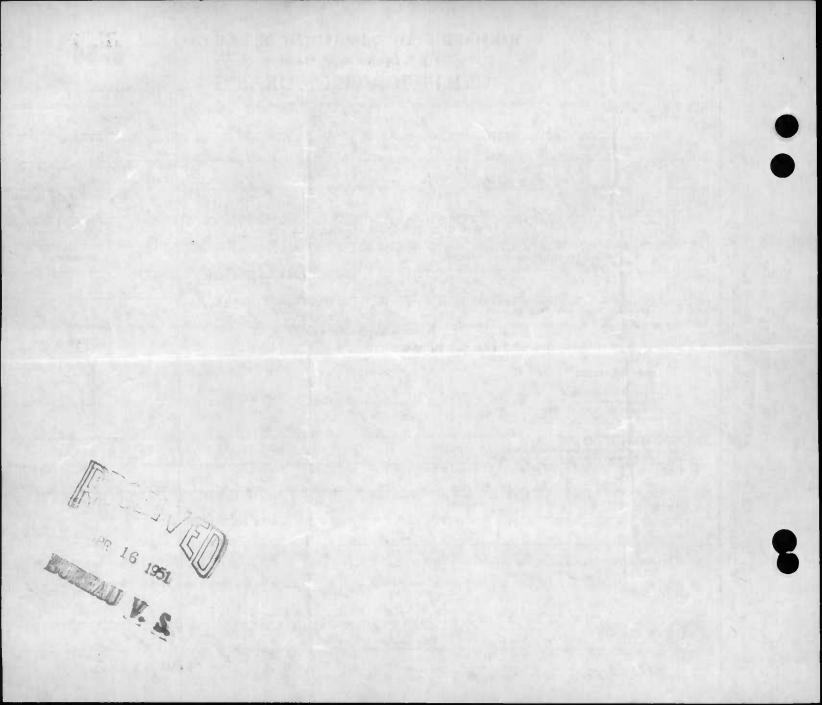
CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
198//IMO/E MARYLAND	STATE May/dn & COUNTY	
OR give nearest town) / rite RURAL, and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
OR givo nearest town) (a fons ville (in this place)	OR TOWN Baltimore	
HOSPITAL OR	STREET (If rural, give location)	, ,
STREET ADDRESS A Jughters of the Euchsons	ADDRESS 1721 Laurens	64 11
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Y)
DECEASED	OF	(Day) (Year)
(Type or Print) Vennie SU//Von 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	DEATH 9. AGE last birthday If under	190/
WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under Months	Days Hours Min.
(Specify)	31m. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		COUNTRY?
13. FATHER'S NAME	Of mony	usa
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
- Schneider	mhm	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (1! yes, give war or dates of service)	Dorothy Samle 66000/d A	artor 8 RJ
18. MEDICAL CEI		110
	WILL TORK TORK	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
is alleste Can	dias dailers	
Immediate cause (a) Active Cause (b) Antecedent cause(s)		
100 Antecedent cause(s)	vascular disease	
Diseases or conditions, it any. (b)	Macula asease	
giving rise to the above cause stating the underlying cause last	1 1	
(c) Je	nilely	1.00
11. OTHER SIGNIFICANT CONDITIONS	1	
Conditions contributing to the death but not related to the disease or condition causing death.		A Page 1
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	Yes No No
SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
Chr.	572 Ch. 012 (7	
22. I hereby certify that I attended the deceased from	519 to april 12 17, that I last si	aw the deceased
alive on Thel J, 1957, and that death occurred at 3	3-20/	
	ADDRESS ADDRESS	
SIGNATURY. (Degree or title)	ADDRESS	DATE SIGNED
1/2/ / Whietson MAD 1010	de de son /Man	11317
23 BURIAL CREMATION I DATE THEREOF I NAME OF CEMETER		13,57
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER		
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 4-14-51 how don	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE! REMOVAL (Specify)		
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 4-4-51 Louden /	RY OR CREMATORY LOCATION (City, town, or count	y) (State)

PLEASE WAITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



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PLAINLY, WITH Us especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No..... 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Balto. STATE COUNTY MARYLAND CHTY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) (in this place) TOWN Boring HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS 3. NAME OF (Middle) (Last) (First) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) DEATH 19 57 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTION 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year flf under 24 hrs. male Months | Days | Hours | Min. white July 10, 1885 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even If retired) INDUSTRY COUNTRY? Canada 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Swinmner Elizabeth Swinmner 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war or dates of service) Borine. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Cerebral embolism Immediate cause Antecedent cause(s) Peripheral vascular disease, heart Diseases or conditions, if any, giving rise to the above cause dilatation, generalized arteriosclerosis stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No F 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work | At work 22. I hereby certify that I attended the deceased from June 6, 19 48 to April 419.51, that I last saw the deceased alive on April 4, 1951, and that death occurred at 1 from the causes and on the date stated above. SIGNATURE (Degree or title) DATE SIGNED Reisterstown. Md. 4-6-51 24. BURIAL, CREMATION Burial (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) /9/5 Cem. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL ADDRESS

WRITE PLEASE PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

		35	
lev.	Dist.	No. 37	

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Beltinge
MARYLAND MARYLAND	mayland	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside conforate limits, write RURAL and give ne	arest town)
OR give nearest town) TOWN (UPRA - PARKIDO (in this place) HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS York Road	STREET (If mral, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (D	ay) (Year)
(Type or Print) 10681-T ELM91- 170M	PSON DEATH APPIL	1951
6. COLOR OR RACE 7. SHOOLE, MARRIED, WIDOWED, DIVORGED, (Specify)		If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life, even if retired industry		TIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	034.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
15. WAS DECEASED EVER IN U.S. ANMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or date of service)	Mr. Mar Humann Parl	to red.
ME TO CH	RTIFICATION	2
I. DISEASES OR CONDITIONS DIRECTL. LEADING TO DEATH		TERVAL BETWEEN SET AND DEATH
973.3 Immediate cause (a) CATBOIL MO.	Nexide Poisoning	the fire this case were assumed as a recover of the
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		
(e)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20	. AUTOPSY1
		es □ No 🗗
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not while work at work	0.7	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: natural causes □, accident □, suicide □, homicide □, SIGNATURE (Degree or title)	ased died on the day stated above, and death in my opin undetermined .	n the evidence nion resulted
U. M. France M.D.	Parleton had 4/5	15-1
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	DDRESS
REG. 4/6/51 11-1. Com coo	Loude M. Devolis Soules	ned
Mu Horard 5. Markelon	e 100	105



2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

	3559
eg. Dist.	No.

	108. 5100. 110
1. PLACE OF COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants giveresidence of mother)
City or town	State
How long in abore place of death?	(if fittile cit or town mails, write RURAL and give nearest town)
Hospitat, tastitution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4, Ses 5, Color or race 8, Coloringto, married, widows of	Uman 217-07-1175.
S. Sels S. Sullet of 1806 B. (Gronight, married, Machine)	MEDICAL CERTIFICATION
121300	20. DATE OF DEATH.
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of Constitution	and that t last saw h. Adville on CAD S 15 15.
deceased (mo., day, yr.) 8. AGE: Years Moths Days It'ess than one day	Immediat cause of death DURATION
22 8 28nrsmin.	Change The Land I Was
8. Birthplacs	Bue tagy in the same of the sa
10. Usual occupation	4/4%
11. tadustry or bosiness Atal Mills	Due to GC
12. Hame	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden oame	Major findings of operations.
	Date of op.
16. Informant II HA agrees sill mail	Autopsy results
Address / 008 1. 11. 18.18.18.18.18.18.18.18.18.18.18.18.18.1	22. VIOLENCE: II death was due to external causes, fill to the following:
(Burial, cremation, or removal Which?) Bate thereol. (month) (day) (medr.)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Usine arundel Co, Mo	Injured at home, farm, industry, public place (where?)
10. Funeral director Mustaures ly Herrsleaf	Means of Injury Injured at work?
Address 378 W. Duddle St.	23 SIGNATURE FIX Thomas M. D.
19. (Datobigo'd) pregistrar) 19. 5/ A A Addu	(107 M, main) M. D. or other
(Date rec'dby registrar) Registrar	Address Signed T. O.O.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3560 Reg. Dist. No.......

1. PLACE OF BEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	att.
CITY (II outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN Street town Station (in 3his place)	TOWN Jelmens Station	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (II rural give location) ADDRESS 05 workland and &	mdalkrz
3. NAME OF DECEASED (First) (Middle) TIZER (Middle) TIZER	(Last) 4. DATE (Month) OF DEATH Barl O	(Day) (Year) 195/19
5. SEX 6. COLOR OR RACE Shreng, Marcardo, Divorced (Specify)	8. DATE OF BIRTH 9. AGE last birth ay If under Months	1 year If under 24 hrs. Days Hours Min.
10n. USUA) OCCUPATION (Give kind of work done duning most of working life, even if retired) INDUTTELL MILES	11. BIDE IPLACE (State or foreign country)	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	T
15. W.S DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If year, give war or dates of service)	17. INFORMANT DISER	0
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a)	4 Scherosis	3days
345 Antecedent cause(s)	, 5 1	At
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(e Octerosis	- mo.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	***************************************	**************************************
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE HOMICIDE OF office hldg., etc.		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work	+ FI Gh West FI	
22. I hereby certify that I attended the deceased from the state of th	19.1, to 19.1, that I last s	aw the deceased
alive on	ADDRESS and on the date sta	ted above. DATE SIGNED
oseph A Thomas MD	. 1577 main Holmdalk > 2"	m 71151
23. BURIAL, CREMATION DATE NAME OF GEMET	RY OR CREMATORY LOCATION (City town, or count	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 0 5 6 C Gelico	24. FUNERAL DIRECTOR	ADDRESS
-114	970	36

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Baltingel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Balto
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rutal - Woodenshore, Find
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS Reiterstorm and R. S. J.
3. NAME OF DECEASED (First) (Middle) (Type or Print) Male DeceaseD	Last) 4. DATE (Month) (Day) (Yea OF DEATH OAK 14 195
5. SEX (Specify) (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 Hours Months. Days Hours M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPEACE (State or foreign country) 12. CITIZEN OF WH. COUNTRY? LOW NOT RECONS. USQ. USQ.
William Mabbatt	Margaret mallen NAME
15. Was Decrased Even In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS Leonora O Fowbla
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWE ONSET AND DEA:
Immediate cause (a) Gerebrol	Hemorrhage 4da
Antecedent cause(s) Diseases or conditions, if any, (b) Tryocar	ditio 5 yrs
9 3d giving rise to the above cause stating the underlying cause last (c)	salerosis 28 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \(\text{No} \) No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from A.A.	1., 1951., tos Afr. 15., 19.51., that I last saw the deceased
alive on Community, 195, and that death occurred at A	ADDRESS DATE SIGNED
Dyril & Forble Mo. 28. BURIAL CREMATION DATE NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	
REG. 4-14-51 May Elene	Um Bernyman & Song Reisterstown, ma





CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Rou	Diet	Ne	

	teg. Dist. No	
I. PLACE OF DEATH. COUNTY Boltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	
CITY (If outside corporate limits, write RURAL and CR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR Willow Spring Road near STREET ADDRESS Woodley Road	STREET (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print) UNI (NOW)	OF OP	Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WHOWED, DIVORCED, (Specify)	8. DATE OF BIRTH NEW BOR 9. AGE last birthday If under I year Hours Yes. Months Days Hours	24 hrs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT	
18. MEDICAL CE	PRIEMATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 934 Immediate cause (a) Chandonne Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	nt of newborn child)EATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPS	Y7
	Yes (V)	To D
21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m, work at work	HOW DID INJURY OCCUR?	
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title) 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Subcited)	good died on the day stated above, and death in my apinian resul	lted NED 1951

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3563

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Baltime 20 MARYLAND	STATE Wand COUNTY	veet.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS by Gael - helt 20	STREET ADDRESS 90/2 Riske All	
3. NAME OF (First) (Middle) (Carlot Print) (Middle)	DEATH	(Day) (Year)
5. SEX 7 6. COLOR OR RACE 7 SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	1/100 2 - 10/21 / yrs.	1 year If under 24 hrs. Days Hours Min.
10n. USUAL OCCUPATION (Give kind of work) don during root of working life, even if retired) 10h. KIND OF BUSINESS OR INDUSTRY 13. FATHER'S NAME	Balto. Md.	CITIZEN OF WHAT
Vances V. Van Sant	14. MOTHER'S MAIDEN NAME MARY	Horris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	Mary 9. (NIECE) Gosnell	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) The	raubses	INTERVAL BETWEEN ONSET AND DEATH
420.0 Antecedent cause(s) 93d Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last	nal arteriodersis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		00 00 00 10 10 10 10 10 10 10 10 10 10 1
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	derfelde
22. I hereby certify that I attended the deceased from alive on 4/13, 1951, and that death occurred at	3/-	
STONATURE (Degree or title)	ADDRESS	DATE SIGNED
23. BURIAL, CHAMATION DATE NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24 FUNERAL DIRECTOR W- GOK INC 1217 St. Payl	ADDRESS
17	633	VVV

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3564

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESUDENCE (HOME) OF DECEASED.	
COUNTY /3ALTO MARYLAND	STATE ISALT.O COUNTY	
CLDY (If outside corporate limits, write RURAL and LENGTHOF STAY OR gly nearest town) LEA.	CITY (If outside corporate limits, write RURAL and given OR TOWN OVERLEA	e nearest town)
HOSPITAL OR INSTITUTION OR 7729 BELAIR RA	STREET APPRIES 9 BELAIR Rd	
OF CHARLES J. (Middle) VECCH		(Day) (Year) 195-119
5. SEMALE WHITE 7. SINGLE, MARRIED, WIDOWED, DIVERCED, (Specify) CLE	Nov 6 1931 19 yrs. Meths	91
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Jackson Company of Working life, even in which is a life of the company	BALTO MA	CITIZEN OF WHAT
FREDERICK VECCHIONE	CLARA GROSS	
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of 2/9-28-0949	MRS.C. MICHAEL 7729 B	ELAIR Rd
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ation with acute Diletation	ONSET AND DEATH
Immediate cause (a)		- 2 22 2 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0
4/0 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	with restrongender selwary way	
92 stating the underlying cause last (c) Remarks 7	Sarkitis	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	stony	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
man 12,51 mittal them the		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 195./., to 494.9, 19.V./., that I last sa	w the deceased
alive on	m., from the causes and on the date sta	ted above. DATE SIGNED
G. H. Flourella M.D. 7	E Mr Royal ave Ballom	apr 10, 1957
13 EROVAN (Specify) 1/13/51 13ALTO	RY OR CREMATORY LOCATION (City, town, or county	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	YOHN A MILLER 2334 JEFFER	ADDRESS ST
- I Da	396	0636

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MARYLAND STATE DEPARTMENT OF HEALTH

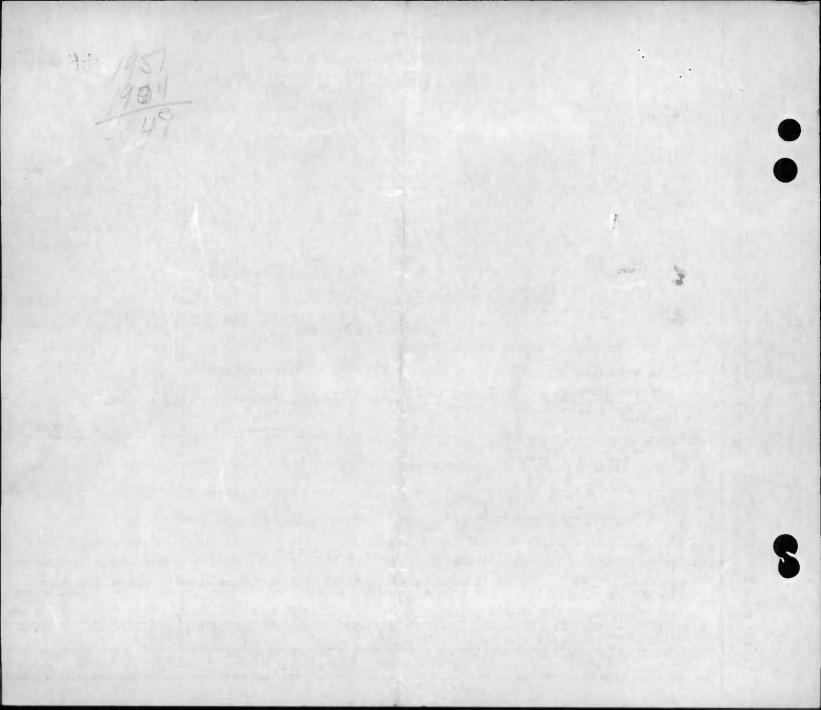
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASEDcounty timore STATE MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) TOWN give near town Ville (in this place) Parkville Baltimore TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS 06 Clarkworth Place 7806 Clarkworth Place 3. NAME OF (First) (Middle) 4. DATE (Last) (Day) (Year) DECEASED Ethel Louise Wagner DEATH April (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) VIAT TIECO. 9. AGE last birthday | If uoder 1 year | If under 24 hrs 6. COLOR OR RACE 8. DATE OF BIRTH Hours | Min. Months | Days Female White 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT donathuring many of working life, even if retired) INDUSTRY None COUNTRY? Philadelphia Pa. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles F. Ihne Anna Nuller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, pe, or unknown) (If yes, give war or dates of service) August C. Wagner 7806 Clarkworth None 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [No A PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) 21. ACCIDENT (COUNTY) (Specify) (STATE) SUICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not Whlie INJURY Work At work | 22. I hereby certify that I attended the deceased from 1950, to grid 5, 1951, that I last saw the deceased alive on 4 - 15, 1951, and that death occurred at 3:45 A.m., from the causes and on the date stated above.

(Degree or title) ADDRESS DATE SIG SIGNATURE DATE SIGNED 3105 Belan het #13 4-16-51 - SALLEY 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAB (Specify) Apr. 18,51 Immanue DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Heemann 6067 Harford REG.



2411 N. Charles Street, Baltimore

3566

CERTIFICATE OF DEATH

I. PLACE OF DEATI	Baltimore	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECE	COUNTY	imore	
CITY (If outside co OR give pearest TOWN FIRI	prograte limits, write RURA		CITY (If outside corpor	ate limits, write RI	URAL and giv	ve nearest town	1)
HOSPITAL OR INSTITUTION OF STREET ADDRESS		ood Rd	STREET ADDRESS 5331		Rd •		
3. NAME OF DECEASED (Type or Print)	(First) Henry	(Middle)	Walborel Walbroe	DEATH	(Month) Apr.	14,	(Year) 19 51
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify Single)	Jan. 17, 1866	9. AGE last birtho	day If under Months	Days If under	Min.
done-during most of w	ATION (Give kind of work orking life, even if retired)	10b. Kind of Business or Industry FIOTIST	Germany		12	COUNTRY?	WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME			
Not Kn		7 I I COGYAL CHOMMAN NO	Not Known				
(Yes, no, or unknown)	WER IN U.S. ARMED FORCES (If yes, give war or dates of service)		Mrs.E.M.Reitz	5331 Do	gwood	Rd.,	
		18. MEDICAL CE	RTIFICATION				
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	ties of ag			INTERVAL BI ONSET AND	
Anteceden Diseases or callying rise to		arluvelusti	a Chi %	se Br	nose		THE TAIL OF U.S. IN SECTION
related to the diseas	CANT CONDITIONS ting to the death but not se or condition causing deat						
19a. DATE OF OPER	RATION 19b. MAJOR F	FINDINGS OF OPERATION				20. AUTOP	SY?
						Yes 🗆	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR 7	TOWN)	(COUNTY)	- trad	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?			
22. I hereby certi	fy that I attended the	e deceased from 3 - 1	5, 1950, to 4-1	4, 1957., th	nat I last s	aw the dece	ased
alive on	-/4, 19.5/, an	d that death occurred at (Degree or title)	ADDRESS from the	causes and on	the date st	ated above.	NED
Dr flo	TO OBLIVE	- h-a	4509 Bb RY/OR CREMATORY I	orly the	yato	Que /	fr
Burial (Special	(fy) 4-17-19		Park	Woodla		Md Md	to) 2
DATE REC'D BY I	ST REGISTRAR'S	1 // .	24. FUNERAL DIRECTO		W. Non+	ADDRESS	
17:		11			82	0105	,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY	MARYLAND	STATE COUNT	YA-AA
CITY (If outside corporate limits, write RURA		CITY (If outside converts II is a fire DYDAY to	Halleman
OR give nearest town)	(in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
TOWN Statellio	The 8 mgs	TOWN Hallooffe	
HOSPITAL OR INSTITUTION OR	1 4	STREET (If rural, give location)	
STREET ADDRESS	localus any	ADDRESS /82/ Grbutu	1 aug
3. NAME OF (First)	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	0-1101	() (OF OF	03
5. SEX 6. COLOR OR RACE	7 SINCLE MARRIED	DEATH	19 57
19 D 1 DA	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	Manage	I year If under 24 hrs Days Hours Min.
Henrald While	(Specify)	LI TO COUNTY OF BYTE.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
Charles and Muse	Privata	Howard G mas	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	100.32
James Ournes	Osssah	La 4 21 2/ 0	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	A 16 SOCIAL SECURETY NO	17. INFORMANT AND ADDRESS	25-90
(Yes, no, or unknown) (If yes, give war or dates of	7-1-1-110.	1 0 0 + 0 11 1 1 1921	ar builty on
(service)	1	mig Rotal Paddicord Ho	Almor/20272
	18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY I	EADING TO DEATH		INTERVAL BETWEEN
	3	0 0-4	ONSET AND DEATE
Immediate cause (a)	concer	of stomach	941
11-1V			- comes the completion of
Antecedent cause(s)	C. Lene	rail Coremonative	1 Lm.
Diseases or conditions, if any, (b)		Annows 200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10,0
46 de giving rise to the above cause stating the underlying cause last	11.	1 1 1 2	
(c) 6	Myerca	rotal chesul	11700
II. OTHER SIGNIFICANT CONDITIONS		1/7.9	
Conditions contributing to the death but not			
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FI			
198. DATE OF OPERATION 198. MAJOR FI	NDINGS OF OPERATION		20. AUTOPSY?
			Yes D No D
21. ACCIDENT (Specify) PLAC	E (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
HOMICIDE INJUI	office bldg., etc.)		
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?	
	While at Not While		
	Work At work		
22 I hereby cortify that I attended the	degeneral from	1950, to A. 1951, that I last s	
22. I hereby certary that I accended the	deceased Holli	, 19,4.4., that I last s	aw the deceased
alive on Sha 22195 and	that death occurred at 2	m., from the causes and on the date st	.4.3 -1
SIGNATURE /	(Degree or title)	ADDRESS	DATE SIGNED
h i i o			DATE SIGNED
Masser und	an 56, 1609.	main St Efferides 27	and sign
23. BURIAL, CREMATION DATE THEREOF	NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	(S4-4.)
REMOVAL (Specify)	951 THE OLD GUAL	The state of the s	(State)
DATE REC'D BY LOCAL REGISTRAR'S			· ma·
REG.	GNALUKE	24. FUNERAL DIRECTOR	ADDRESS
4/1/1/1/1/1/	paur	Joseph . morre h. 13288 ulphu	U Spring Kel.
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Vergie Ringgold 1463 N. Carey St. Balto. Md.

Reg. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE Baltimore MARYLAND Jarvland CITY (If outside corporate limits, write RURAL and | LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)
TOWN FORT Howard, Md. (in this place) Baltimore davs TOWN HOSPITAL OR STREET (If rural, give location) institution or street addressVets.Adm.Hosp.Ft.Howard.Md. ADDRESS 249 W. Hoffman St. 3. NAME OF (Middle) (First) (Last) 4. DATE (Month) (Dav) (Year) DECEASED (Type or Print) Apr. 14 WHTTAKER DEATH 1951 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 9. AGE last birthday | If under 1 year | If under 24 hrs. | Months | Days | Hours | Min. 8. DATE OF BIRTH 5-1/1-90 (Specify)widowed col 10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? laborer Carroll Co. Md. Alex Whitaker Fannie Whitaker 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service) unknown Clinical Rec. Vets.Adm. Hosp. Ft. Howard. Md. INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (a) Addison's Disease Immediate cause unknown Antecedent cause(s) m Tuberculosis of adrenal glands Diseases or conditions, if any, unknown giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes X No [] PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY 21. ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that attended the deceased from 3-28 151 to 4-14- 1951 XEAR Nash saw the deceased from 3-28 (Degree or title) SIGNATURE ADDRESS DATE SIGNED GENE D. TRETTIN, M.D. VAH FT. HOWARD, MD. 4-14-51 23. BURIAL, CREMATION ROMOVAL (Specify) DATE THEBEOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Johnsville Methodist Johnsville, DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3569

1. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (STATE Maryla		COUNTY		
	Baltimore	MARYLAND					
OR give_nearest TOWN	roporate limits, write RUR.	Land LENGTH OF STAY 6 (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore			own)	
HOSPITAL OR INSTITUTION OF			STREET	(If rural, give lo	cation)		
STREET ADDRES	ss vec. Adm. Hos	.,Ft.Howard,Md.	ADDRESS 1566 F	lidgely Stree	t		V
3. NAME OF DECEASED (Type or Print)	(First) HERMAN	(Middle) M.	(Last) WIEGAND		ril 1	(Day)	(Year) 1951
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 12-31-99	9. AGE last hirthday	If under 1 Months	year If the Days H	inder 24 hr
done during most of w	ATION (Give kind of work porking life, even if retired) T (Unemployed)	10b. KIND OF BUSINESS OR INDUSTRY	Baltimore,	or foreign country) Jaryland	12.	CITIZEN COUNTRY?	OP WHAT
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	-		
John W. W:	iegand		Catherine Wi	nn			
15 WAS DECEMBED ES	TER IN IIS ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND				
(Yes or unknown)	(If yes, give war or dates of service)	1 218-03-0471		et.Adm.Hosp.,	Ft How	mand 1	I/A
	Buttley Wit 24	18. MEDICAL CE		o Hame Houpe,	T. O. STION	rai a j	iju.
I. DISEASES OR CO	NDITIONS DIRECTLY		MINICATION			INTERVAL	BETWEEN ND DEATH
		DITA MUSICA T. THE LANGE OF STATE OF ST	DV MINEDAUTOOTO				
Immediate	e cause (a)	BILATERAL PULMONA	THI LUBERCOIDS IS)		UNVI	NOWN
	the above cause nderlying cause last (c) CANT CONDITIONS						
Conditions contribu	ting to the death hut not se or condition causing deat	h.					
		INDINGS OF OPERATION				20. AUT	OPSY?
						Yes 🔯	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (C	OUNTY)		ATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CCUR?			
22. I hereby certi	fy that VAnttended the	deceased from April 7	, 1951, to April	13 1951., 1000	Diasiona	BODDEO	essand
SIGNATURE		d that death occurred at3 (Degree or title)	ADDRESS			DATE	ve. SIGNED
IRVING FR	EEMAN, M. D., A	ACTING CHIEF, MEDI	CAL SERVICE, VA	H, FORT HOWA	RD, M	D. 4.	-13-51
23. BURIAL, CREMAREMOVAL (Spec			lational	Baltimore.	or commen	,	(State)
DATE REC'D BY			24. FUNERAL DIRECTO	DR. Now		ADDRI	ESS
a DEC	1951 R.W.	gni h	John W. Teufe	1 5311 Edmo	ndson		
	A STATE OF THE PARTY OF THE PAR		440	Baltimore			

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3570

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY BALTIMORE MARYLAND	STATE	BALTO.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	re nearest town)
OR give nearest town) DUNDALK (in this place)	TOWN DUNDALK, 22	
HOSPITAL OR	STREET (If rural, give location)	
STREET ADDRESS 101 VENTHOR TERRACE	ADDRESS 101 VENTNOR TE	RRACE
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) HALLOCK BROMLEY	WILLIAMS DEATH APR.	3 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under	1 year If under 24 hrs.
MALE WHITE (Specify) WIDOWED	7/27/1875 75 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) Librustry PUBLIC BLDG 5.	BALTO, md.	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
H. B. WILLIAMS, SR.	MARY E. KING	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give way or dates of 215-05-0534	TRANK J. MEMAHON - STE	=r- 50 N
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
(Kranzi)	my ocarditis.	11) 11
Immediate cause (a)	of prayaws,	1000
422.2 Antecedent cause(s)		
Diseases or conditions, if any, (b)	*** - *** *** ** *** ** ** ** ** ** ** *	. ************************************
giving rise to the above cause stating the underlying cause last		
(e)		1
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
1,00		Yes No X
21. ACCIDENT (Specify) PLACE (House, farm, factory, street, SUICIDE OF office bldg., etc.)	: (CITY OR TOWN) (COUNTY)	
SUICIDE OF Office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
+1/2	1 10 01 13 -1	
22. I hereby certify that I attended the deceased from	19 49, to Upul 3, 19 7, that I last s	aw the deceased
alive on ali	10 29 9m., from the causes and on the date st	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
11/1/20 014: m.5 - 6801 m.	many to be of fundade	22414/11
11 11 Spars 0012 - 6000 110	muy in proc- willauce-	viras 14
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	1
HOMOVAL (Specify) 4/5/1951 LOUDON	PARK BALTO.	mu!
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
april 4-1951 William M. Kelly 1	Walter Terope Beschey Wen	Salle Hed.
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	The correct age
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. I is especially important. Physicians: please write the causes of death clearly and legibly.

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Evidence for addition of 21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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FILM No. G	132 APR 1319	51 FOR MEDICAL	L EXAMINERS		Reg. Dist. N	١٥٠	• • • • • • • • • • • • • • • • • • • •
1. PLACE OF DEATH	H. Itimore	MARYLAND	2. USUAL RESIDENCE (F		CEASED COUNT	ry Baltin	ore
OR give nearest TOWN	orporate limits, write RURA town) Freeland	AL and LENGTH OF STAY (In this place)	OR TOWN Freelan		RURAL and g	ive nearest tow	ra)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R SS		STREET ADDRESS	(If rural,	give location)		
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last) rkinger	4. DATE OF DEATH	(Month)	(Day)	(Year)
s. sex m lo	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	s. DATE OF BIRTH	9. AGE last bir	thday If under Months	Days Hour	
done during most of w	ATION (Give kind of work vorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY SOLF	Baltinge,) 1	COUNTRY?	F WHAT
13. FATHER'S NAM	e illia Vorking	er	14. MOTHER'S MAIDEN Elizabeth Sch				
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	7 16. SOCIAL SECURITY No.	Catherine 1. 10	rhinger,	Freelan	d, Haryl	and
Immediat Anteceder Diseases or glving rise to stating the u	nf cause(s) conditions, if any, o the above cause inderlying cause last (c)	Carlon m	vuoxide je.	visonu	ng	ONSET AND	**************************************
related to the disea	uting to the death but not se or condition causing deat RATION 19b. MAJOR F	h. FINDINGS OF OPERATION				20. AUTO	PSYT
21. EXTERNAL CA PRIMARY GOR CO CAUSE OF DEATH TIME (Month) OF INJURY	ONTRIBUTING OF	CE (Home, farm, factory, street, office best citchear his RY INJURY OCCURRED While at Not while work at work	home How DID INJURY OC	CUR?	(COUNTY		No 🔁
22. I certify that I obtained by sai	Autopsy, Inspection of causes , accident Take ATION DATE THEREO	U. S. Mati	ased died on the day state undetermined []. ADDRESS Arketore La	d above, and o	death in my	DATE SI	State)
REG. 4/3	57 G W	Heduck		20. 121	7 St. Po	ul Doro	

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH. Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY 13 a dt.
CITY (If outside corporate limite, write RURAL and LENGTH OF STAY OR give noarest town) (in this piace)	CITY (If outside corporate timits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOYCE ave	STREET ADDRESS BOY CE CVE
3. NAME OF DECEASED (Typo or Print) Sarah Brulin 7	right DATE (Month) (Day) (Year) OF DEATH April 23 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WY Arm	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	11/BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Juther Barnett Bruen	The Marker's MAIDEN NAME Forrer
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes. no, or unknown) (If yes. give war or dates of service)	Elice Wright Same
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	W V receivement of week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	w belegreis 12eai
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. APTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Nork INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from fully	
signature of the light of the light death occurred at	ADDRESS DATE SIGNED DATE SIGNED
Existation apr 24 1951 In een	mount Calfo Md (State)
DATE REC'D BY LOCAL DECISTRAR'S SIGNATURE REGILED	24, EUNERAL DIRECTOR ADDRESS ADDRESS VorkRd.
Dm	

Dr. Chas Perer Cork Rd.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3573

1. PLACE OF DEAT			2. USUAL RESIDENCE (
COUNTY Baltimore MARYLAND		STATE Maryland Baltifill Tev			
CITY (If outside OR give neares TOWN	corporate limits, write RUR st town V na o n	AL and LENGTH OF STAY (in this place)		ate limits, write RURAL a	and give nearest town)
IIOSPITAL OR INSTITUTION O STREET ADDRI	OR Chate	sworth Ave.	STREET ADDRESS Ch	(If rural, give locati atsworth Ave	
3. NAME OF DECEASED (Type or Print)	(First) Fannie	(Middle) Richards Y	(Last) eatts	4. DATE (Month OF DEATH April	
5. SEX Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED BIVORCED, (Specify) 1 00 WEQ	s. DATE OF BIRTH Jan. 16, 1864	9. AGE iast hirthday If	under 1 year If under 24 hrs. onths Days Hours Min.
10a. USUAL OCCUI	PATION (Give kind of work working life, oven if retired)		Baltimore Co	or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NA			14. MOTHER'S MAIDEN Unknown		
15. WAS DECEASED I	EVER IN U.S. ARMED FORCES (11 yes, give war or dates service)	? 16. SOCIAL SECURITY NO. None	17. INFORMANT Yeatts Wilso	n,Glyndon,Mo	i.
		18. MEDICAL CE			
I DISEASES OF C	CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
			9 alleria)	
Immedia	te cause (a)	corrace of	o xecuses		12 w.
Diseases or	ent cause(s) conditions, if any, (b) to the above cause	Euronary	eratic 6-	V. Disia	en 8 yra
93d stating the	underlying cause last (c)				
Conditions contrib	FICANT CONDITIONS nutling to the death but not lase or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
The	ne_	now			Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OR T	rown) (cou	NTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
	tify that I attended th	e deceased from 1-23	, 19.39, to 4-2	3 , 1951, that I l	ast saw the deceased
alive on	-22 , 1951 , an	d that death occurred at	ADDRESS		DATE SIGNED
2.2.6	aples		Reisterator	ion, and.	4-24-57
BULLAL CREA	April, 2	5/51 Druid Ridg	e	LOCATION (City, town, or Pikesville, 1	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS
REG. 4-25	5.51 Mary	B. Eline,	J.F.Eline &	Sons, Reiste:	rstown, Md.



PASSES TO THE REPORT OF THE PASSES OF THE PA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corn is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (
Ba	timore	MARYLAND	Maryland		altimore
CITY (If outside co	orporate limits, write RUR	AL and LENGTH OF STAY (in this place)	OR CITY (If outside corpor	rate limits, write RURA	L and give nearest town)
OR give nearest TOWN	Catonsvil	le 50 vrs.	TOWN Cato	nsville	
HOSPITAL OR INSTITUTION OF			STREET	(If rural, give ic	cation)
STREET ADDRESS	s 522 Inglesi	lde Avenue	ADDRESS 522	Ingleside Av	enue
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Me	onth) (Day) (Year)
DECEASED (Type or Print)	JOSEPH		ENKER	OF DEATH	April 30th., 19 51
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specky) WIDOWET	2/24/68	9. AGE last birthday yrs.	If under 1 year If under 24 hrs. Montha Days Hours Min.
10a. USUAL OCCUP.	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTIIPLACE (State	or foreign country)	12. CITIZEN OF WHAT
done during most of w	rocking life, even if retired)	Filling Station	Maryland		COUNTRYS
13. FATHER'S NAM	E	TITITING DOGUTOR	14. MOTHER'S MAIDER	NAME	
In Parison Comme					
77	? Zenker	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND	nknown	No.
(Yes. no. or unknown)	VER IN U.S. ARMED FORCES (Il yes, give war or dates of	of			
No	service)	-1 218-12-4776	Walter L. Zenk	er 522 Ingle	side Ave. Catons.
		18. MEDICAL CE	RTIFICATION		Townson Pro-
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH .	1 . 0		INTERVAL BETWEEN ONSET AND DEATH
A		11	6 11.		- 11
Immediat	e cause (a)/	U10 Cardial	Jackert	5×0040-=0-100000=00000000000000000000=000	Jaugs
I III III C CARGO	7		/)		'
	it cause(s)		V		
Diseases or o	conditions, if any, (b)				
97 stating the u	nderlying cause last	11.4.		1 1	1//
//	(c)	TRONGO Silero	grs, senona	4300	uninoun
Conditions contribu	CANT CONDITIONS tilng to the death but not or condition causing deat	Seriet.	, 0	0	
19. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
IVA. DAIL OF OLD	2001				V. S. V. S.
To A COVENIUM	(17 16) DT A	CE (Home, farm, factory, street,	: (CITY OR	TOWN (OUNTY) (STATE)
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	office bldg., etc.)			(SIRIE)
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OF	CCUR?	
OF INJURY	m.	Work At work			
		2.1.	100 1 2	s <1	
22. I hereby cert	ify that I attended th	e deceased from 30 Aug	, 1978, to 7-4	7, 19, that	I iast saw the deceased
alive on T	29 195/ an	d that death occurred at	2 20 A.m. from the	e causes and on the	date stated above.
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	(Degree or title)	ADDRESS	-1	DATE SIGNED
1	12	//	(1/12000	11/2 20 1	1.1 10 -
(le lo 115	m /rel	Madrell	ugman	WY 24,1	MA 7-30 31
25. BURIAL, CREM REMOVAL (Spec	ATION DATE THERE	OF CEMETE	RY OR CREMATORY	LOCATION (City, tow	
REMOVAL (Spec	5/2/57	1 Loudon Pa	rk	Baltimore,	Md.
DATE REC'D BY			24 TUNERAL DIRECT	OR ,	ADDRESS
REG: 5-/, /	51 7/ 7	Home	La nation 1	200 608 Fre	derick Ave.,
- 4/1/1	1 Car	11000	James altho		onsville. Ma.

BURGAN W. S.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3575

	Reg. Dist. No
1. PLACE OF DEATH. COUNTY Balts. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Ballo
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OCHAWUS SLACE
HOSPITAL OR INSTITUTION OR STREET ADDRESS	ADDRESS Turkey FF Rd. Exally 21
3. NAME OF Piet) (Middle) DECEASED (Type or Print) (Osanna Jupple)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 4 1957
5. SEX 6. COLOR OR RACE (7/SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Manual	2 DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Samuel B Epark	14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT & Zippler
18. MEDICAL CEI	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
(111)	land Thrankeri Idas
Immediate cause (a)	cary proposedus rang
1201/ Antecedent cause(s)	ail and lasi Emper
Diseases or conditions, if any, (b)	any acceptes significant
stating the underlying cause last	
(e)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Sept.	, 194.7, to april 1.7, 19.5/., that I last saw the deceased
alive on	ADDRESS DATE SIGNED
a & Kolodner mo	456 Dewater apts. 4/17/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City flown, or county) (State)
DATE REG'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1/5/5/6 CO COLUMN	4 PUNERAL DIRECTOR 1407 Eastern Cura
11 11 0	

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY				
Balulmore Maryland	Maryland				
CITY (If outside corporate limits, write RURAL and OR glvo nearest town) Fort Howard LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore				
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.	STREET (If rural, give location) ADDRESS 1819 W. Lombard Street				
3. NAME OF (First) (Middle) DECEASED (Type or Print) CEORGE G.	(Last) 4. DATE (Month) (Day) (Year) OF DEATH April 23 151				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 2-28-89 9. AGE last birthday If under 1 year If under 24 hrs. 62 yrs. Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done done define most of working life, even if retired) Industry Light Many of working life, even if retired)					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Carol W. Zirkler	Anne Haug				
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of Yes leervice) WW. This work was a security No. Unknown	17. INFORMANT AND ADDRESS Clin.Rec., Vet.Adm. Hosp, Ft. Howard, Md.				
18. MEDICAL CE	ERTIFICATION INTERVAL BETWEEN				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE				
Immediate cause (a) CARDIAC DILATATION	AND HYPERTROPHY UNKNOWN				
4313 Antecedent cause(s)	1120 2				
Diseases or conditions, if any, (b)					
95c giving rise to the above cause stating the underlying cause last					
(c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. OBESITY	UNKNOWN				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
	Yes 🖔 No 🗆				
21. ACCIDENT (Specify) SUICIDE HOMICIDE SPECIFY OF office bldg., etc.) INJURY					
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?				
22. I hereby certify that/Aattended the deceased from April 22 1951 to April 23, 19.51, XBECXXINSTRANGENCE					
ABVEX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
SIGNATURE (Degree or title) ADDRESS DATE SIGNED					
TRVING FREEMAN, M. D., ACTING CHIEF. MED	CICAL SERVICE, VAH, FORT HOWARD, MD. 4-23-51 CRY OR CREMATORY LOCATION (City, town, or county) (State)				
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 4/26/5/ Baltimore Na.	ERY OR CREMATORY LOCATION (City, town, or county) (State)				
DATE LEC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS				
49/24/5/ 100, teduch	Howard Blight Funeral Home				
1 dos	6009 Harford Road, Baltimore, Md.				